

**WILLIAMSON COUNTY FAIR
VOLUNTEER WAIVER**

THIS INFORMATION IS FOR USE BY THE WILLIAMSON COUNTY FAIR ASSOCIATION, INC. ONLY, AND YOUR PERSONAL INFORMATION WILL NOT BE DISTRIBUTED OR DISSEMINATED TO ANY OTHER PERSON OR BUSINESS.

Please Print Clearly:

Name: _____ Date of Birth: _____

Address: _____

City _____ State _____ Zip Code _____ Home Phone: (____) _____

Cell Phone: (____) _____ E-mail Address: _____
(Required for fair and volunteer correspondence)

Already know the Fair Committee(s) you are volunteering for, please indicate here:

If you are a new volunteer and have not already committed to a particular fair committee, please check your areas of interest below. You will be contacted by our Volunteer Coordinator to set up a schedule that works for you.

- | | |
|---|---|
| <input type="checkbox"/> 4-H & Youth Village | <input type="checkbox"/> Fair Office |
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Little 1's Farming |
| <input type="checkbox"/> Children's Barnyard | <input type="checkbox"/> Ticket Booths |
| <input type="checkbox"/> Courtesy Cart Driver | <input type="checkbox"/> Volunteer Check-in |
| <input type="checkbox"/> Creative & Culinary Arts | <input type="checkbox"/> Volunteer Hospitality Lounge |
| <input type="checkbox"/> Cultural Arts Pavilion | |

*See committee descriptions on our website at www.williamsoncountyfair.org

By submitting this application and volunteering with the Williamson County Fair Association, Inc., I agree that I have reviewed the Williamson County Fair Association, Inc. Policies and Procedures, and agree to abide by the terms of the Williamson County Fair Association, Inc. Policies and Procedures. I, the undersigned, grant permission to the Williamson County Fair Association, Inc. to use my name, likeness, voice and words, and the name, likeness, voice and words of the minor set forth below (if signing as a parent or guardian) in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described for the lawful purposes and activities of the Williamson County Fair, including but not limited to advertising and appealing for funds to support the fair. I understand that I will not receive any compensation for the use of my name or likeness. I agree to release, indemnify, and hold harmless the Williamson County Fair Association, Inc., its officers, directors, agents, volunteers, or employees, and any sponsors from any liability for any injury or damage I may sustain while volunteering for the Williamson County Fair.

Signature _____ Date _____

If Minor, Parent/Guardian Signature _____ Phone: _____
(Required) (In Case of Emergency)

Send the completed waiver to:

Paula Esposito, Volunteer Coordinator
P.O. Box 329
Franklin, TN 37065
Phone: 615-794-4386
Fax: 615-790-5818
Email: Volunteers@williamsoncountyfair.org