



Port Salerno Commercial Fishing Dock Authority Presents
13th Annual Port Salerno Seafood Festival
January 26, 2019 / Saturday, 10am– 8pm
Voted “Best Local Event” in Martin County by Scripps Treasure Coast readers!

Return this form, and Liability Waiver to: **Port Salerno Seafood Festival, PO BOX 567 Port Salerno, FL 34992**
 or email to: PortSalernoSeafoodFestival@yahoo.com

Volunteer Registration Form (Please print legibly)

Name: _____

Group Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell phone # used at event: _____

E-mail _____

T-shirt size (check one): S M L XL 2XL 3XL

Please check Preference and Shift:

Friday – Event Set-Up: 1-7pm / Will be directed to a task!

Saturday

- 1st Shift (9am-3pm)** **2nd Shift (2:30pm-8pm)** **1st & 2nd Shifts (9am-8pm)**
- Soda / Water Wagon Beer Tent Gate / Security Food Ticket Sales
- Gate Entry Tickets Runner Booth Support Parking Place where needed!

Sunday – Post Event: 8am-12pm / Will be directed to a task!

Volunteers will receive complimentary food & non-alcoholic beverages. Second shift workers will also receive an entry ticket.

Have you volunteered at past years event? Yes No

If yes, what were your duties? _____

If registering a group, please list names, phone # & t-shirt sizes:

T-shirt size (check one): S M L XL 2XL 3XL

Name: _____ Cell Phone: _____ T-shirt _____

Name: _____ Cell Phone: _____ T-shirt _____

Name: _____ Cell Phone: _____ T-shirt _____

Name: _____ Cell Phone: _____ T-shirt _____

Name: _____ Cell Phone: _____ T-shirt _____

Name: _____ Cell Phone: _____ T-shirt _____

I understand that upon registering as volunteer, The Port Salerno Seafood Festival is depending on my participation. If for some unforeseen reason that I am not able to fulfill my commitment, I will notify the Volunteer Chair Person at least 48 hours prior than my scheduled shift!

I, the undersigned, acknowledge that I fully understand this agreement, and that I voluntarily executed the same without inducement or promise not contained herein.

Signature _____ Date: _____

Full Name - Please Print _____



The Port Salerno Commercial Fishing Dock Authority Presents The Port Salerno Seafood Festival January 26, 2019 / Saturday, 10am– 8pm

Waiver, Release and Hold Harmless Agreement

- 1. Event:** 13th Annual Port Salerno Seafood Festival
- 2. Date:** Saturday, January 26, 2019

3. Release of Liability. I, unconditionally waive, release, indemnify and forever discharge and hold harmless, Port Salerno Seafood Festival (PSSF), the city and or county the event is held in, all sponsoring organizations, their directors, officers, employees, agents and volunteers, successors and assigns, and all other persons directly or indirectly liable, from all claims of legal or financial liability of any kind, including but not limited to, personal and economic injury, loss, costs, or damage arising out of or in conjunction with the above named festival or event, whether foreseeable or unforeseeable, including those resulting from negligence or fault, without regard to any hazards which may exist, whether hidden or obvious.

4. Severability. If any part of this Waiver and Release is found to be invalid, all other parts of this agreement shall remain binding and continue in full force and effect. I expressly agree that this agreement shall be construed as broadly as permitted by the law of the State of Florida.

5. Acknowledgment of Voluntariness. I have not been pressured or coerced in any way to participate in these activities. Any activities I undertake are done so voluntarily and solely for purposes of participating in or attending the above festival or event.

6. Affirmation. I affirm that I am an adult and legally competent to sign this release; that the terms of this release are contractual; and that this release shall be binding on me, my personal representatives, heirs, successors and assigns.

I have fully read and understand the contents of this agreement and I further acknowledge that I voluntarily execute the same without inducement or promise not contained herein.

Signature _____ Date: _____

Full Name - Please Print _____

Group Members:

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Mail To: Port Salerno Seafood Festival, PO BOX 567, Port Salerno, FL 34992

Phone: Shannon Scalise, (772) 201-4911 / **E-mail:** Sscalise4911@gmail.com

online registration: <http://www.portsalernofoodfestival.org/volunteer-registration.html>