



VOLUNTEER INFORMATION SHEET

P.O. BOX 13694
PENSACOLA, FLORIDA 32591-3694
www.pensacolamardigras.com

NAME: _____

TELEPHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

NUMBER: _____ CELL: _____

EMAIL: _____

MEDICAL INFORMATION: In case of any emergency while volunteering, do you have any medical conditions that Pensacola Mardi Gras, Inc. should know of when organizing emergency treatment (including allergies)? If yes, please explain.

Have you volunteered for Pensacola Mardi Gras, Inc. previously: Yes/No (please circle) If yes when and what role:

Please let us know what special skills you possess: _____

What would you like to do for PMGI: _____

Please indicate your T-Shirt size: S M L XL XXL

PLEASE EMAIL THIS FORM TO: executivedirector@pensacolamardigras.com or fax it to 850-434-7780.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In exchange for the right to participate in the Pensacola Grand Mardi Gras Parade (“the Event”), the undersigned, understands and agrees that if we do not comply with the rules of the parade, and the instructions given to us by parade marshals, event officials, or the City of Pensacola Police Department, my participation in the PMGI Event will be terminated and I will not be permitted to continue in the event. Furthermore, in exchange for the right to participate in the Pensacola Grand Mardi Gras event the undersigned agrees to indemnify and hold harmless the City of Pensacola, Pensacola Mardi Gras, Inc. and related entities, all agents, employees and volunteers of said organizations from any claim or expense of whatever kind or nature arising out of activities as a event participant. This indemnification and hold harmless agreement shall be governed in all respects under the laws of the State of Florida.

Print Name

Date

Signature