



VOLUNTEER WAIVER FORM

I agree to release and hold **Peachtree Corners Festival, Inc.** harmless, along with its officials and employees, corporate sponsors, cooperating organizations, committee members and other related parties from any liability or injuries as a result of my participation at the Peachtree Corners Festival. I give permission to the **Peachtree Corners Festival, Inc.** to use my name and any photo taken of me during the event in any promotional material, publication or on their website. I acknowledge that **Peachtree Corners Festival, Inc.** retains the right to dismiss anyone that acts inappropriately or unsafely. I certify that I have read this waiver, understand same, and have voluntarily executed by signature below.

Please sign this form and bring it with you when you check into the hospitality suite.

Volunteer Dates: Sept. 21, 2024 and/or Sept. 22,2024

Signature: _____

Printed Name: _____

Date: _____

Parent or guardian signature and/or ADULT group leader or sponsor is also required for participants under the age of 18 years.

Signature: _____

Printed Name: _____

Volunteer Name: _____

Date: _____