



## 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. 19, 2026 and/or Sept. 20,2026**

**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:** \_\_\_\_\_