

UBS Parade Spectacular

Presented by Stamford Town Center
and The Advocate

Seeking Star Volunteers!

- Clowns
- Helium Balloon Handlers
- Route Marshals

No Prior Experience Necessary • Free Training Session

Stamford Downtown Special Services District
is looking for enthusiastic individuals
for the 2009 UBS Parade Spectacular on

Sunday, November 22, 2009

Clowns & Balloon handlers must be at least 16 years of age
Route Marshals must be at least 21 years of age

Please sign-up by Friday, November 6, 2009

Contact us at:

203.348.5285

events@stamford-downtown.com

www.stamford-downtown.com

The ADVOCATE STAMFORD TOWN CENTER

STAMFORD

Title Sponsor:



UBS



**2009 Parade Spectacular
SDSSD LIABILITY WAIVER AND PHOTO RELEASE
A. LIABILITY WAIVER**

In consideration of the opportunity afforded to me to participate in this SDSSD event, I hereby waive any right or cause of action and hereby release the City of Stamford and the Stamford Downtown Special Services District (SDSSD), its agents, employees, volunteers, event sponsors or directors from any and all responsibility or liability arising as a result of my participation.

I fully understand that participation may involve a risk of injury to any and all parts of my body and I freely and expressly assume and accept any and all such risk. Without limiting the generality of the foregoing, I hereby acknowledge, understand and agree that this waiver shall include any rights or causes of action resulting from personal injury to me or property damage sustained by me in connection with my participation in this event.

I have made no misrepresentations to the City of Stamford and the Stamford Downtown Special Services District, its agents, employees, volunteers or directors regarding my age or ability. I have carefully read and fully understand the contents of this Waiver of Liability and I sign it of my own free will. This Waiver of Liability represents the full agreement between me and the Stamford Downtown Special Services District.

B. PHOTO RELEASE

I grant to SDSSD all right, title and interest in and to all likenesses, whether visual and/or audio, including without limitation, photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively "Photos") which may be made or taken of me and any above listed minors in or about the event connection with any SDSSD and to identify and use my name in connection with any use of the Photos. I understand and agree that SDSSD or its assigns will be the owner of any and all right, title and interest in and to the Photos, in any derivative works, and in any advertising and promotional materials related thereto.

SDSSD right, title and interest in and to the Photos includes the right, license and privilege to utilize the Photos in connection with the manufacture, advertising, promotion, distribution and sale of any products or events directly or indirectly related to SDSSD and/or the SDSSD Event(s). I agree SDSSD or its assigns shall have the unlimited right to vary, change, alter, modify, add to, and delete from any depiction's of me in the Photos and to rearrange and/or transpose my depiction as SDSSD may determine.

I hereby **release** SDSSD and its agents, assigns and representatives from any and all claims, demands or causes of action that I might now or hereafter have for libel; defamation; invasion of privacy; right of publicity; infringement of copyright, trademark or moral rights; or violation of any other right arising out of or relating to any utilization of the rights granted under this Agreement.

This waiver is executed this _____ day of _____ 2009.

In the presence of:

Witness

(Participant signature)

Witness

(Please Print Name)

(Parent or Guardian if under 18 – please print)

COMPANY / ORGANIZATION	
Address:	
Phone: (h)	(w)
E-Mail	

Position: _____



Volunteer Information Parade Spectacular 2009

Please fill this form out completely

Personal Information			
Full Name:			
Last	First		M.I.
Address:			
Street Address			Apartment/Unit #
City		State	ZIP Code
*Home Phone: _____		Alternate Phone: _____	
*E-mail Address: _____			
Assignment History:		Company name if applicable:	
Notes:			
Emergency Contact Information			
Full Name:			
Last	First		M.I.
Address:			
Street Address			Apartment/Unit #
City		State	ZIP Code
Primary Phone: _____		Alternate Phone: _____	
Relationship: _____			

Please return both forms to:
david@stamford-downtown.com

fax: (203) 348-6857

5 Landmark Square, Suite 110 Stamford, CT 06901