



**District Seven Recreation Program**  
**"Five Tribes Celebration - Volunteer"**

**Registration Application**  
**Deadline: April 8th, 2024**  
**Event: April 13<sup>th</sup>, 2024**

Age Groups: 18+ years

Name of Participant: \_\_\_\_\_

D.O.B: \_\_\_ ; \_\_\_ ; \_\_\_ GRIC# \_\_\_\_\_ Grade in School: \_\_\_ \_ Age: \_\_\_ \_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ Alt./Cell Phone: (    ) \_\_\_\_\_

Any and all allergies, Medical Conditions or Medication that we should be aware of:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I, acknowledge as being self, \_\_\_\_\_, do hereby provide my  
(Name of Volunteer)  
consent to participation in any and all activities sponsored by the District Seven  
Recreation Department. I assume all risks and hazards incidental to such participation  
including transportation to and from sponsored events/ activities. I do hereby waive,  
release, absolve, indemnify and agree to hold harmless the District Seven staff, volunteers  
to and from activities/ events, for any claim arising out of any injury to my child whether  
the result of negligence or for any other cause.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

District Seven Service Center  
District Seven Service Center  
8035 S. 83<sup>rd</sup> Ave  
Laveen, Arizona 85339  
Phone: (520) 430-4780

**Volunteer Acknowledgement and Release Form**  
**2024 Five Tribes Peace Treaty**  
**Community Services/ District 7 Service Center Recreation - Gila River Indian**  
**Community**

This is an Acknowledgement and Release Form (the "Release") executed on this, \_\_\_ day of May, 2016 between \_\_\_\_\_ (the "Volunteer"), and Community Services Department/District 7 Service Center ("D7 Recreation") of the Gila River Indian Community (the "Community"). The Volunteer desires to volunteer for Five Tribes Peace Treaty on April 13<sup>th</sup>, 2024, and certifies that he or she is over the age of 18 years of age and legally competent.

**The Volunteer voluntarily and without duress executes this Release under the terms below (initial):**

\_\_\_ I acknowledge and agree that volunteer activities have inherent risks and I have full knowledge of the nature and extent of all the risks associated with these activities, including, but not limited to, performing physical activity and driving to and from the locations of any activities. I represent that I am in sufficient health to participate in these activities and expressly and specifically assumes the risk of injury or harm in such activities.

\_\_\_ I agree (on behalf of myself and my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish the Community and Recreation, or its officers, agents, employees and instructors, from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death that arise or hereafter arise out of my participation in the activities. I understand that this Release discharges the Community and Recreation from any liability or claim that I may have against the Community and Recreation with respect to any personal injury, property damage, or wrongful death that may result from my activities with Recreation, whether caused by the negligence of the Community and Recreation, or its officers, directors, employees, or agents or otherwise.

\_\_\_ I agree to report to the Community and Recreation administration any accident or injury at the time of the incident.

\_\_\_ I release and forever discharge the Community and Recreation from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my volunteer activities with Recreation. I agree that if I experience any medical/surgical emergency in connection with the activities, payment for such medical care shall be my financial responsibility. In case of any medical and/or surgical emergency, I authorize the Community and Recreation personnel and staff to render to me or arrange for my medical treatment and hospital care that is deemed advisable by and is rendered under the supervision of any licensed physician, dentist, surgeon or other medical provider licensed to practice in the Community or the State of Arizona.

\_\_\_ I understand that during the course of my volunteer service to the Community and Recreation, I may have my quote, statement, attribution, picture, portrait, photograph, image or

likeness recorded ("Material") and hereby grant and convey unto the Community and Recreation the world-wide, perpetual, and irrevocable right to use Material whether created by the Community and Recreation, its personnel, or any media outlets, in any and all forms and in any and all media, now known or hereafter created, and in all manners, without any restriction as to changes or alterations (including, but not limited to, composite, altered, modified or distorted representations or derivative works made in any medium) for marketing, advertising, trade, promotion, exhibition, or any other reasonable purposes, and I waive any right to inspect or approve the Material or finished version(s) incorporating the Material, including any written copy that may be created and appear in connection therewith. I acknowledge that the Material may be published, distributed, disseminated, or displayed through electronic means, including, but not limited to, email and Internet websites; however, nothing in this Release requires the Community and Recreation to use or publish any Material. I hereby irrevocably and unconditionally assign all right, title and interest in any to such Material, including, but not limited to, any intellectual property rights in the Material, to the Community and Tribal Recreation.

\_\_\_ I understand that I am not considered an employee of the Gila River Indian Community. I understand that, except as otherwise agreed to by the Community in writing, the Community neither carries or maintains, nor in the event of injury or illness assumes any responsibility for or obligation to provide health, medical, or disability insurance coverage or financial assistance or other assistance for any Non-employee, including myself. I am expected and encouraged to obtain my own medical or health insurance coverage.

\_\_\_ I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Community, and that this Release shall be governed by and interpreted in accordance with the laws of the Community. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

***I acknowledge that I have read the above Acknowledgement and Release, understand its content, agree with its terms, and by signing it agree it is my intention to exempt and relieve the Gila River Indian Community, and Recreation from liability for personal injury, property damage, or wrongful death caused by negligence or any other cause. I voluntarily sign this Acknowledgement and Release of my own free will and without any coercion or duress.***

Print Volunteer Name .....

Volunteer Signature \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ -

Print Witness Name ..... Date .....

Witness Signature \_\_\_\_\_



APPLICANTS  
MUST BE  
AGE: 18+

4-HOUR  
DUTY  
PREFERRED

# CALLING FOR VOLUNTEERS

## FIVE TRIBES TREATY OF PEACE CELEBRATION

PARKING | RESOURCE STATIONS | STAGE ASSIST | DISTRIBUTION

**DEADLINE:** April 8<sup>th</sup>, 2024 at 5PM

TO REGISTER, PICKUP A VOLUNTEER PACKET @ THE DISTRICT 7  
SERVICE CENTER OR CALL: 520.430.4780 FOR INFO