

Hudsonville Community Fair

2024 Youth Club Leader/Volunteer Enrollment Form

Eligibility requirements include the following:

- 1) Willing to be a Hudsonville Community Fair volunteer working with a youth club.
- 2) This form is required to be placed on the leader list in fair office and to be added to the Hudsonville Community Fair liability policy for volunteers.
- 3) Background checks may be completed at Hudsonville Community Fair's discretion. A completed background check form is required to be submitted to fair office by January 1 of calendar year.
- 4) This signed enrollment form and liability form must be turned in to fair office by January 1 of calendar year. (this applies even if only participating in still exhibits). Please mail to PO Box 189, Hudsonville MI 49426, attn: fair secretary or email to HudsonvilleFairSecretary@gmail.com
- 5) A youth club leader enrollment form must be submitted each year to remain active on leader list. All volunteers must be actively involved in a leader role with an enrolled club.

Volunteer Name			
Date of Birth			
Home Address			
City		Zip Code	
Phone Number		Email	
List Club(s) that you will be affiliated with at the Hudsonville Community Fair. (must be actively involved in a leader role with an enrolled club)			
Emergency Contact		Phone #	



Hudsonville Community Fair Volunteer/Leader Waiver

Volunteer/Leader Name _____

WAIVER OF PHYSICAL DAMAGE OR INJURY

The Hudsonville Community Fair strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and Parents registering their child in recreation programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities. The Hudsonville Community Fair continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize the Hudsonville Community Fair does not carry medical accident insurance for injuries sustained in its programs, insurance for physical damage to a participant's property or liability coverage arising out of the use of a participant's property.
Please initial _____

The Hudsonville Community Fair requires execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and/or your ward to participate in this/these programs, you will be waiving and releasing all claims of injuries, medical expenses, damage or loss, or claims your ward might sustain through participation in these programs listed below.

Media Release

I hereby grant permission to the rights of the Hudsonville Community Fair of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears for social media, web, and broadcast.

Youth Club Activities

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any way associated with the activities of the program.

As a participant or the parent/guardian of a participant in this program I will abide by all rules and regulations set forth by the Hudsonville Community Fair regarding the Youth Club program.

I further agree to indemnify, hold harmless, and defend the Hudsonville Community Fair and the respective officials, agents, servants, representatives, volunteers, employees, and board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary of me or my wards immediate care and agree that I will be solely responsible of repayment of any and all medical service rendered.

I have read and fully understood the above program details, waiver and release of all claims and permission to secure treatment.

Volunteer Signature _____ Date _____





Hudsonville Community Fair Association

P.O. Box 189, Hudsonville, MI 49426

(616) 669-1630 Phone, (616) 669-9957 Fax

Background Check

It is the policy of the Hudsonville Fair board that all Hudsonville Fair youth group volunteers/leaders may be subject to a background check. At a minimum, each subsequent 3 years, a new background check may be completed on each volunteer. All costs will be paid for by the Hudsonville Fair board.

Particular areas of concern will be forgery, thief, sexual charges, issues regarding underage individuals and other violence.

Each background check will be confidentially reviewed by the Youth Club Chair/Co-Chair. If they feel there are areas of concern, a confidential meeting will be held with the volunteer to discuss and clarify the areas of concern. If the concerns are not resolved or explained to their satisfaction, it will be brought to the Hudsonville Fair Board President and from there, may be a meeting of the Executive committee for disposition of the concerns.

Copies of the background check will be secured in the Fair Board security box.

By signing this agreement, the volunteer agrees to this policy and will abide by the decisions of the board regarding this policy.

Printed Name

Signature

Date

Date of Birth: Month/Date/Year

Revised August 2023

