VOLUNTEER

Buckeye Alpaca Show Volunteer Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Please check the box for the area you would like to volunteer.
If you have specific days or times, please note in the area provided.

- ❑ Assist exhibitors with unloading on Friday _____
- ❑ Assist with Health Check-In _____
- ❑ Assist with Friday Color Check _____
- ❑ Gate Keeper _____
- ❑ Hand out ribbons _____
- ❑ Tear-down on Sunday _____
- ❑ Traffic Control _____
- ❑ Assist with Youth Program _____

Volunteers are the backbone of our show. Thank you for your time and energy.

Volunteers to read & sign:
It is understood and agreed that the Organizers, facilities, AOBA, Inc. or any of its sponsors, agents or employees shall not be held responsible for any loss, damage or injury to any person, property or animals which is caused directly or indirectly for any reason. The undersigned also agrees to hold harmless the above parties for any expenses or liabilities incurred, including but not limited to attorney's fees.

_____

Date Signature of Volunteer/Parent