

RESIDENT ARTIST/VOLUNTEER Form

Join in our 17th Annual Chalk Walk Saturday, June 6 (rain date of June 13).

Please turn in this form to us no later than Monday, May 11th.

| <u>First & Last Name:</u> (Please fill out a separate form for each group or individual chalk drawing and/or volume of drawing as a group, please list group name and all participants sharing the square(s). | nteer. |
|---|---------------|
| Home Address and Phone Number: (For a thank you note & if we need to adjust the schedule) | |
| Emergency Contact Name and Phone Number: | |
| E-mail: | |
| ☐ YES, I would like to volunteer for Chalk Walk at a hands-on activity station! | |
| The shift that is best for me: \square Shift 1 (7:45 am -11:45 am) \square Shift 2 (11:30 am - 3:15 pm) | om) |
| □YES, I want to participate in Chalk Walk 2020 as a Resident Artist! Number squares needed: () You will be provided with FREE registration and a box of pastel cha | alks. |
| ☐ YES, I would like my free t-shirt(Adult S-2XL). | |
| Festival t-shirts may be ordered from us by Monday, May 11 th . They may also be purchased the day of the 6 for \$8.00. | event |
| I/We agree to participate in Jasper Community Arts Chalk Walk on Saturday, June 6 (Rain date, Saturday, Ju 2020) as outlined above. | ne 13, |
| Release of Liability | |
| I/We allow Jasper Community Arts and the Greater Downtown Jasper Business Association to use photos or reproductions in future publicity. | r |
| I/We, for myself, heirs and assigns, do hereby waive, release and discharge any and all rights and claims for damages, including negligence, I may have against the City of Jasper, Indiana, its boards, elected and appoin officials, its employees, and Jasper Community Arts for property damage or personal injury, any claim, dama expenses or action, including attorney fees, assessed or brought against them because of my acts or omission during the 2020 Chalk Walk. I agree to follow any established rules or guidelines for the 2020 Chalk Walk. | nted ages, |
| Participant Signature Parent or Guardian if under 18 years of age D | Date |