



# **SANTA'S ARRIVAL & CELEBRATION APPLICATION**

SUNDAY DECEMBER 1<sup>ST</sup>, 2019

200 Civic Center Plaza, Mission Viejo

3pm – 5:30pm (Please arrive at 2:30 pm to set up)

**Deadline to apply is November 12<sup>th</sup> 2019.**

NAME OF ORGANIZATION \_\_\_\_\_

CONTACT PERSON / LEADER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**Booths must provide a gratis game/activity/craft for the children**

We will participate by organizing a:

- Game Booth     Activity Booth     Make and Take Craft Booth

**(Notice: No food/drinks can be given away or sold, this is only allowed by approved food vendors)**

Mission Viejo Activities Committee will provide you with a 10x10 canopy and tables and chairs.

I need \_\_\_\_\_ tables. (Limit 4)    I need \_\_\_\_\_ chairs. (Limit 12)

Please give a detailed description of your booth:

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Please return application & Waivers to:  
MISSION VIEJO ACTIVITIES COMMITTEE  
24932 VETERANS WAY  
MISSION VIEJO, CA 92692  
Telephone # 830-7066  
Fax # 830-2151



# Santa's Arrival & Celebration



## Special Event Release & Waiver

EACH PERSON VOLUNTEERING AT THE EVENT MUST SIGN THIS AGREEMENT, ATTACH ADDITIONAL COPIES AS NEEDED.

|                                      |
|--------------------------------------|
| Group/Agency _____                   |
| Name _____                           |
| Address _____                        |
| City _____ Zip _____                 |
| Home Phone _____ Message Phone _____ |
| Emergency Contact _____ Phone _____  |
| Relationship to Participant _____    |

### All Participants Must Complete This Section **RELEASE & WAIVER BY VOLUNTEER**

I \_\_\_\_\_, choose to participate in the **Santa's Arrival & Celebration**, as a volunteer. I am aware that this is a volunteer assignment which may present risk of injury or death. I agree to assume all risks for injuries or death arising out of my participation as a volunteer. I agree that the City of Mission Viejo (City), the Mission Viejo Activities Committee (MVAC) and all employees, officials, agents, representatives and sureties of the City and MVAC **SHALL NOT** be responsible or liable for any death, injury, damage, loss, or expense, to my person and/or property, incurred while I am participating as a volunteer.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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### **All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section** Consent of Parent or Legal Guardian for Minors Participation as a Volunteer

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ choose to permit \_\_\_\_\_ to participate in the **Santa's Arrival & Celebration** as a volunteer. I understand that my child or wards services are being offered on a voluntary basis without anticipation of any financial payment. I agree to assume all risks for injuries or death arising out of my child or wards participation as a volunteer. I agree that the City of Mission Viejo (City) /the Mission Viejo Activities Committee (MVAC) and all employees, officials, agents, representatives and sureties of the City and MVAC **SHALL NOT** be responsible or liable for any death, injury, damage, loss, or expense, to my child or wards person and/or property, incurred while he/she is participating as a volunteer.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER**

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, a minor, who was born on \_\_\_\_\_, authorizes medical, dental, surgical, or hospital care, treatment, or diagnosis for said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_