



BBQ & 3 PIGZ IN Z'HILLS BLUES FESTIVAL

VOLUNTEER RELEASE FORM

(REQUIRED TO RECEIVE ACCESS AS A VOLUNTEER ON ANY DAY OF EVENT-RELATED ACTIVITIES)

Volunteers will be required to attend a volunteer orientation the week prior to the event.

ORIENTATION WILL BE HELD ON TUESDAY, FEBRUARY 24TH AT 3PM @ THE CHAMBER OFFICE

**EVENT DATE: FEBRUARY 28, 2026, 9:00am – 5:00pm
DOWNTOWN ZEPHYRHILLS**

Name of Volunteer: _____ I am 18 years or more: Yes | No

Available (Circle all that apply): Fri, FEB 27 (SETUP) | Sat., FEB 28th (Event Ops) (Take Down)

Name of Volunteer Group (IF APPLICABLE) _____

Name of Group Coordinator/Chaperone (IF APPLICABLE) _____

WAIVER OF LIABILITY: I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the Greater East Pasco Chamber of Commerce and the City of Zephyrhills and their agents, sponsors, successors and assigns for any and all injuries suffered by me in this event. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By attending an event in a public place, you are assuming all risks, hazards, and dangers arising from or related in any way to the risk of contracting COVID-19 or any other communicable disease or illness, whether exposure to such risks occurs before, during or after the event.

Further, I hereby grant full permission to the Greater East Pasco Chamber of Commerce and the City of Zephyrhills and their agents, sponsors, successors and assigns to use my photograph, name, likeness, recordings, videotapes, or any other record of this event for any legitimate purpose.

*By signing and submitting this application, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ZEPHYRHILLS "PIGZ IN Z'HILLS" BBQ & BLUES FEST and all rules, guidelines, and laws established by the Greater East Pasco Chamber of Commerce BBQ & Blues Fest Committee, The City of Zephyrhills Fire Codes, The Zephyrhills Municipal Airport, and Florida Department of Health.

With my signature below; I have read, and I agree to the terms stated above in this Volunteer Release Form
(All volunteers sign: including under age 18 volunteers)

Name (Print)

Signature

Date _____ Email _____ Phone _____

Parents or Legal Guardian of Volunteer under 18 years of age:

I have read, and I agree to the terms stated above in this Volunteer Release Form:

Name of Parent or Legal Guardian (Print)

Signature of Parent or Legal Guardian

Date