



## Shape Up US Health and Wellness Expos Volunteer Application

Please complete & email or mail to Scottsdale Super Expo  
16356 N. Thompson Peak Parkway #1056 Scottsdale, AZ 85260  
Questions? Call 602.996.6300 or email Jyl@ShapeUsUp.org

### **Volunteer Application**

Thank you for expressing an interest in becoming a volunteer for the 3<sup>rd</sup> Annual Scottsdale SUER EXPO! All volunteer shifts are in a 4-hour segments on either Saturday, Sunday or both in any combination. While there are a few tasks that may require some physical exertion (assisting a child on an inflatable or setting up or breaking down chairs and tables for example), everything else involves helping out with the featured activities areas, greeting, handing out grab bags, line managers and more. Expect to be standing and exposed to the gorgeous April weather for the entire 4-hour shift.

#### ***Please tell us about yourself:***

Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
School or Employer \_\_\_\_\_ T-shirt size \_\_\_\_\_

#### ***Why would you like to volunteer for Shape Up US:***

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#### ***Circle preferred volunteer shift date(s) and time(s)***

**Saturday October 26**  
8am – 2pm

**Saturday, November 2, 2013**  
9am – 1pm 1 pm -5 pm 5pm- 10 pm

**Sunday, November 3, 2013**  
9am – 1pm • 1pm - 5pm

#### **Waiver Release**

In consideration of the acceptance of my voluntary participation in the above event, I hereby waive any and all liability, accidents, death or personal injury which may arise as a result of my participation in the event. It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I acknowledge that I may be photographed at the event and all images are the property of Scottsdale SUPER EXPO.

#### **I have read and understand the information above**

\_\_\_\_\_  
Signature  
*\*Parents must sign for children under 18 years of age*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_