



**WESTERN CHAPTER ISA  
 TREE CLIMBING CHAMPIONSHIP  
 June 17 & 18, 2017  
 Lincoln Park  
 3501 Valley Blvd. ~ Los Angeles, CA**



## Volunteer Form

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Shirt Size:    M    L    XL    XXL

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I am able to help:

- As a judge for the \_\_\_\_\_ event
- As a timer for the \_\_\_\_\_ event

Note: Judges will be expected to participate in a MANDATORY Judge's meeting on Friday, June 16<sup>th</sup> at 6:00pm

- With a site preparation on Thursday and Friday, June 15 and 16, 2017
- With registration
- With awards
- Other \_\_\_\_\_

**SEND THIS VOLUNTEER FORM AND THE VOLUNTEER WAIVER FORM TO:**

By Mail:            Western Chapter ISA – 31916 Country Club Drive, Porterville, CA 93257

By Fax:             559-784-8711

By Email:          repperson@wcisa.net

**THANK YOU FOR YOUR OFFER TO VOLUNTEER!**

**WCISA-TCC TREE CLIMBING CHAMPIONSHIP  
VOLUNTEER WAIVER FORM**

Volunteer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Employed by: \_\_\_\_\_

**Waiver and Hold-Harmless by Volunteer**

In consideration of acceptance of my offer to be a volunteer for Climbing Championship, I hereby waive and all claims I may have at anytime, and any and all claims which might otherwise be made by, or on behalf of, or on account of me, or by me, or by any person or entity in any way as my suborgee against the property owner and the International Society of Arboriculture, its officers, directors, employees, agents, members, guests, invitees, and any person who would be lawfully entitled to indemnification from them for any liability to, or on behalf of, or on account of me, for any injuries or damages of any kind whatsoever arising on account of or in consequence of my activities or participation in the Climbing Championship, or in any other way related to the Climbing Championship. I further agree to hold the property owner and the International Society of Arboriculture, its officers, directors, employees, agents, members, guests and invitees, safe and harmless from any expense for defense, settlement, payment of damages, or other expenses related in any way to injuries sustained by me in any way related to the Climbing Championship. I recognize and assume all risks and danger involved in my participation, and will not under any circumstances rely upon the care, attention or assurance of anyone other than myself for matters relating to my safety.

Dated: \_\_\_\_\_ Signature of Volunteer: \_\_\_\_\_

**Certification and Waiver by Employer of Volunteer**

I hereby certify that I am the employer or duly authorized representative of the employer of the above named individual planning to volunteer at the Climbing Championship, and that the employer has encouraged this participation. I further certify that I have satisfactorily confirmed that the employee will be covered by statutory protection levels of Workers Compensation Insurance or the equivalent, for any injuries sustained in the course of participation. The employer hereby waives any and all subrogation claims it may have against the property owner and the International Society of Arboriculture, its officers, directors, employees, agents, members, guests, or invitees, as a result of any compensation or their benefits or expenses incurred or paid by it, its insurance carrier, or otherwise on its behalf, in the event any claim or injury results from this participation, and will hold the property owner and the International Society of Arboriculture, its officers, directors, employees, agents, member, guests, and invitees safe and harmless from any expenses for defense, settlement, payment of damages and other expenses relating in any way by this employee. I further certify that I am duly authorized to execute this Certification and Waiver on behalf of the employer and that any and all necessary resolutions have been duly passed and adopted by employer.

The exact name and address of the employer, and state of incorporation (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Employer or Authorized Representative: \_\_\_\_\_

Mail this completed volunteer waiver form along with the volunteer registration form to:  
Western Chapter ISA \* 31916 Country Club Drive \* Porterville, CA 93257