

2009 Legg Mason Tennis Classic Volunteer Application

PROGRAM SELLERS

Name _____

Address _____

City: _____ State: _____ Zip: _____

Phone: (home/work) _____ (cell) _____

Email: _____

Age (as of 7/31/09): _____ DOB: _____

Have you been a volunteer before: YES NO

If yes, how many years? _____

T-Shirt Size: S M L XL

How did you hear about volunteering?

Why do you want to be a volunteer?

*Please list three other committee options:

- 1. _____
2. _____
3. _____

* While preferences will be considered, the tournament will staff volunteer committees on an as-needed basis.



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Please circle only the sessions that you plan on working during the tournament. Persons selecting the semi-finals or finals must complete FOUR shifts prior to those events. If nothing is checked, we will assume that you are flexible and can work any shift listed for any committee.

	Morning/Afternoon	Evening
Sat, August 1	8:30am – 12:30pm	12:00pm – End
Sun, August 2	8:30am – 1:30pm	1:00pm - End
Mon, August 3		2:30pm – 8pm
Tue, August 4		2:30pm – 8pm
Wed, August 5		2:30pm – 8pm
Thu, August 6		2:30pm – 8pm
Fri, August 7	10:30pm – 5pm	5:00pm – 9pm
Sat, August 8	10:30pm – 5pm	4:30pm – 9pm
Sun, August 9		9:30am – End

**Final schedule to be determined*

ADDITIONAL INFORMATION

Please note that times and match schedule may change due to unforeseen circumstances. Always check with your committee chairpersons regarding updates and/or work schedule changes. Unless otherwise notified, always report at scheduled time to the volunteer check-in tent.

IMPORTANT DATES TO REMEMBER

Application Due: Monday, June 15th

Once your application is processed, you will receive a written or emailed confirmation from your assigned committee, which will include your finalized schedule, contact information for your committee chairperson(s) and special instructions specific to your area. All confirmations will be sent by June 30th.

Orientation: Wednesday, July 22nd from 7pm - 9pm

Saturday, July 25th from 11am - 1pm

ALL volunteers are required to attend ONE of the orientation sessions at the William H.G. FitzGerald Tennis Center located at 16th & Kennedy Streets, NW Washington, DC. It is strongly recommended to work a shift during the Qualifying rounds to become more familiar with the roles and responsibilities of specific committees prior to the start of the main draw rounds.

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PLEASE RETAIN A COPY OF ALL PARTS OF THIS APPLICATION
FOR YOUR RECORDS.

WAIVER/RELEASE FORM AND ACKNOWLEDGEMENT

I acknowledge that participating as a volunteer worker on behalf of the Washington Tennis & Education Foundation ("WTEF") at a tennis event or any sporting event may require me to perform strenuous activities or be exposed to activities that have the potential to cause serious injury, death or property loss. In this regard, I acknowledge that my participation in the activities set forth herein are is voluntary and may result in personal injury or property damage. With the full understanding of the activities I will be performing, I HEREBY ASSUME THE RISK OF PARTICIPATING IN A TENNIS EVENT INCLUDING ANY AND ALL ACTIVITIES CONNECTED THERETO.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a.) I WAIVE, RELEASE AND DISCHARGE from any and all claims and/or liabilities for death and/or personal injury and/or damages of any kind, which arise out of and/or relate to my participation in and/or my traveling to and/or from the tennis event, THE FOLLOWING PERSONS OR ENTITIES: WTEF; the National Park Service ("NPS"); Guest Services, Inc. ("GSI"); Blue Entertainment Sports Television ("BEST"); the William H.G. FitzGerald Tennis Center; the ATP; the Tournament Director; the Tournament Sponsors; Players; Coaches; and the subsidiaries, affiliates, parents, officers, directors, shareholders, employees, representatives and agents of any of the above (collectively, the "Parties") b.) I AGREE NOT TO SUE any of the Parties for any of the claims or liabilities that I have waived, released or discharges herein; and c.) I INDEMNIFY, DEFEND AND HOLD HARMLESS the Parties from any claims made or liabilities assessed against them as a result of my actions and/or omissions. Furthermore, I further agree that, by signing, I authorize and grant the tennis event and the Parties the right to use and depict my likeness, image, name, signature, and other indicia of my right of publicity (collectively "Images") in marketing current and/or future events related to the tennis event.

Without limiting the rights of the Parties, I hereby agree that I may be dismissed, released, and/or fired as a volunteer for any reason whatsoever (including without limitation, any reason that may be deemed to be against the ATP, WTEF, NPS, BEST and Event rules and regulations, public policy, law, and/or regulation).

I ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO THE ACTIVITIES, EVEN IF (1) CAUSED BY THE SOLE OR SHARED NEGLIGENCE OR FAULT OF THE PARTIES OR (2) ACTUALLY CAUSED IN COMBINATION WITH THE SAME OR SIMILAR CONDUCT BY ANY THIRD PARTY.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS RELEASE AND ACKNOWLEDGEMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT BY ACCEPTING IT, I MAY BE GIVING UP CERTAIN RIGHTS. I HAVE ACCEPTED THIS DOCUMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME. I INTEND MY ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT ALLOWED BY LAW.

SIGNED _____ DATE _____

If under 18, Parent must sign. If Parent signs, Parent agrees and accepts all of the preceding terms and conditions on behalf of him/herself, as well as his/her participating child.

Parent's Signature (if under 18) _____ DATE _____

Please read and sign the above statement and return by fax to (202) 721-7201 or by mail to the following address:

Volunteer Coordinator
Legg Mason Tennis Classic/WTEF
c/o BEST
5335 Wisconsin Avenue, NW, Suite 850
Washington, DC 20015

