



2027 Wings Over Ocala Florida Volunteer Application

Criteria for Volunteers: We want to thank you in advance for assisting us with executing North Central Florida's spring outdoor event! We rely on volunteers to be able to present this world class show to the Florida community!

Please take a moment to review the guidelines for participating as a Volunteer with the 2027 Wings Over Ocala Florida Airshow.

Age Requirements: Minimum 16 and Up

Physical Requirements: Depending on the station that you are assigned, you may be required to lift or move items. For example - case of drinks, water, ice, tables, chairs, etc. You must be able to stand for a long period and be able to perform duties in the heat outdoors. Handicap Volunteers can request special reviews.

Guidelines: Each volunteer will be assigned to a duty station/area. If a volunteer has family members and plans to bring them to the show, they must purchase a ticket, and all children must be accompanied by a non-volunteer adult. *No family members will be allowed to hang out in the assigned volunteer stations/areas!*

***Exceptions:** Some key positions may be deemed "paid positions". Please note below if that may be of interest.

Expectations: We are offering you the opportunity to volunteer in a fun, friendly, family environment, but this is serious business at the same time. Each volunteer is an integral part of the show activities ensuring our attendees have the best experience possible. We expect each volunteer to conduct themselves professionally, speaking respectfully to each other and our thousands of attendees. We ask that you arrive on time (as directed by the Volunteer Coordinator), be conscientious and helpful. We will provide volunteers with meal ticket per shift (minimum 8+ hours). Bottled water will be provided daily. You will be relieved for breaks accordingly.

The airshow event Liability Insurance Policy requires that all these guidelines are adhered to. If you are able and willing to confirm what has been presented, please complete & submit the attached Volunteer Application. We look forward to working with you.

Again, we want to make this a fun, pleasant and safe experience for everyone!

AirShow Coordinator

(O) 706-291-0030

Martha@WingsOverOcalaFlorida.com

Wings Over Ocala Florida, LLC

P.O. Box 789; Rome, GA 30162

Phone: (706) 291-0030 - Email: info@wingsoverocalaflorida.com

www.WingsOverOcalaFlorida.com



Wings Over North Georgia Volunteer Agreement

Date: _____

Contact Name: _____

Organization/Company/Group (If applicable) : _____

Individual _____ Group _____ Name of Group _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____ E-mail: _____

Availability

Please circle the applicable day(s) & time(s) slots below

THURSDAY	All-Day (Set Up)	8am – 5pm	
THURSDAY	EVENING	5:00pm – 10:00pm	
FRIDAY	All-Day	12 Noon – 9:30pm	
SATURDAY	All-Day	8am – 5pm	
SUNDAY	All-Day	8am – 5pm	

Previous Volunteer Experience/Areas of Interest:

Summarize your previous volunteer experience: _____

Areas of Interest: Food & Beverage: _____ Kids Zone: _____ Greeters/Host/Hostesses: _____

Gatekeepers: _____ Miscellaneous Labor: _____ Volunteer Center: _____ Other: _____

*Paid Position Options _____

Person to Notify in Case of Emergency

Name: _____ Phone Number: _____

***Application Agreement & Signature**

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I, the above listed Volunteer, desire to work as a volunteer for the Wings Over Ocala Florida, LLC (Organization) and engage in activities related to being a volunteer for a work project.

I hereby voluntarily execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Organization and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may arise from my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expenses.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time with WOOF may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer's Signature

Print Volunteer's Name

**Applicants must fully complete and sign this Volunteer Application Agreement. Scan and email application to JLC AirShow Mgt at Martha@WingsOverOcalaFlorida.com or fax application to (866) 404-4783. The airshow Volunteer Coordinator will review all applications and confirm your participation duties, dates, times, etc. Questions may be directed to the airshow office at (706) 291-0030.*

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