



# Haunted Trail Volunteer Form

## Event Date: Friday, October 31, 2025

**Forms due by Friday, October 24, 2025**

### Volunteer Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Volunteers will be assigned to a certain section and are encouraged to wear all black  
or a Scary BUT appropriate Halloween costume.

### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If under 18 years old Parent/Guardian name: \_\_\_\_\_

Phone number: \_\_\_\_\_

\*\*RELEASE AND HOLD HARMLESS – READ ALL TEXT IN THIS BOX BEFORE SIGNING\*\* I, the undersigned adult, on behalf of myself and/or my child(ren)/charge(s) ("child(ren)") assume all risks and hazards reasonably related to the conduct of the program. As a condition of participation, I and/or my child(ren) will not attend this program if I or they are feeling ill. Further, I do hereby release and hold harmless the City of Spokane Valley, its elected and appointed officials and employees, the organizers, sponsor, supervisor, contracted facilitator, or any volunteer connected with the department and city from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the activity. I acknowledge that I have familiarized myself with the description of the activities, understand the hazards and my own and/or my child(ren)'s personal limitations, and knowingly assume all risks. In the event of a medical emergency, I authorize transportation to the nearest appropriate medical facility and authorize emergency medical care if no one listed on this form can be reached. I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Spokane Valley informational or promotional use. BY MY SIGNATURE BELOW, I, THE UNDERSIGNED ADULT, ON BEHALF OF MYSELF AND/OR MY CHILD(REN) CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE AND HOLD HARMLESS, AND KNOWINGLY AGREE TO SAME.

\_\_\_\_\_  
**Signature (signed by-circle one) Parent/Guardian**

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Date**

Please Return To: Spokane Valley Parks and Recreation/Centerplace  
2426 N Discovery Place - Spokane Valley, WA 99216

Attn: Kendall May kmay@spokanevalleywa.gov Fax: 509-720-5250 Phone: 509-720-5403

**DETACH AND KEEP FOR YOUR INFORMATION**

**Volunteer Information:** Friday, October 31, 2025, **Time:** 5:30 p.m. – 9:30 p.m.

**Location:** Mirabeau Point Park, 13500 E Mirabeau Pkwy, Spokane Valley, 99216

**Contact:** Kendall May, Recreation Coordinator, Office: 509-720-5403 / Cell: 509-530-9872