

2008 Texas Scaregrounds-CHAOS VOLUNTEER FORM

DO NOT FILE SHEET IN BOOK-Volunteer Coordinator will file!
Put new sheet in BOX marked COMPLETED FORMS

MEDICAL
CONDITION

Do Not Write Here

(Please Print)

NAME:

First Last Birthday (month/day/year)

ADDRESS:

Street Address

City Zip E-mail address T-shirt Size

PHONE:

Home Work Cell phone

Emergency Contact:

Name Relation Phone #:

ANY MEDICAL CONDITIONS?

If you have medication, inhalers, etc. PLEASE check it in with Volunteer Coordinator!

YOU MUST SIGN BELOW! Waiver & Release

In consideration of my participation in any of the activities on site or related to Texas Scaregrounds, Carpe Noctem Productions Inc. and Bare Bones Productions Inc. and other good and valuable consideration, I, the undersigned, hereby release, indemnify and hold harmless the Releasees identified hereinafter from any and all claims, actions, costs, expenses, judgments or damages of any and every kind and character, whether statutory or arising in contract or in tort, for any injury to my person, and/or for any damages of any and every kind and character, whether statutory or arising in contract or loss of my property, directly or indirectly arising out of or in connection with or attributable to my participation in such activities, including but not limited to claims or damages for death, bodily injury, psychological trauma or property damage arising in whole or in part from the negligence of any of the Releasees and/or from negligence on my part.

As used herein, the term "Releasees" shall mean (a) Bare Bones Productions Inc.; (b) any and all corporations, individuals or entities sponsoring or supporting the aforementioned activities; (c) any and all corporations, individuals or entities participating in the construction of and/or the operation of and/or any activities relating to the said activities; and (d) any and all corporations, individuals or entities who are in any way associated with any of these activities.

I release any likeness of my image created while participating in any of the aforementioned activities to remain the sole property of Bare Bones Productions Inc.

Texas Scaregrounds, Bare Bones Productions Inc. and Carpe Noctem Productions Inc. and/or their representatives may authorize any and all medical treatment and/or transport in the event I become ill or injured while participating in any of the activities on site or related to Texas Scaregrounds.

I hereby certify that I have read and understand the foregoing language and its effects.

Signature: _____ Date: _____

If under 18 years of age, this form **MUST** be signed by parent or guardian.
No one under age of 13 allowed to volunteer w/out a parent volunteering w/them!

Staff Initial

Parental Signature: _____ All parental signatures will be verified

PARENT NIGHT TIME #: _____

IF YOU WILL BE VOLUNTEERING ON MULTIPLE DATES, PLEASE SEE THE BACK OF FORM.

