

2019 VOLUNTEER/ACTOR FORM AND RELEASE OF LIABILITY AND DAMAGE WAIVER FOR THE SCAREGROUNDS/OREGON PARTY RENTALS/O.A.F.INC

Volunteer/Actor Name (please print): _____

Volunteer/Actor email: _____ Telephone number _____

Volunteer/Actor address: _____

I will participate as a: (Please check the type of actor you would like to be and circle the dates of participation.)

_____ **CORE ACTOR.** As a Core Actor, I commit to participating in the following haunt performances.

Oct 4...5...11...12...18...19...25...26...30...31...NOV 1...2

_____ **DAILY KEY ACTOR – with planned attendance of 7 days or more** As a Daily Volunteer/Actor with planned attendance, I commit to participating in haunt performances on the following dates. (Please circle the dates you plan to participate.) :

Oct 4...5...11...12...18...19...25...26...30...31...NOV 1...2

_____ **DAILY ACTOR – will participate specific nights**

Oct 4...5...11...12...18...19...25...26...30...31...NOV 1...2

_____ **FILL IN ACTOR-**Will volunteer when I can and will check in for assignment.

_____ **SUPPORT STAFF/VOLUNTEER.** I will help as determined as a non-acting volunteer.

As a volunteer, I understand that Management must be notified of all incidents relating to guest problems, equipment failure, and safety violations. I understand that I will not be compensated, that I am not considered an employee, and I am aware that I or my child volunteer at my/their own risk of injury.

As a volunteer/actor, I understand that my actions (both good and bad) are observed by the public and reflect on the image and presentation of the ScareGrounds, and the sponsors. I understand that any recording devices, cameras, lighting, cell phones, or texting; are not allowed while volunteering. I understand that I am not to touch, move, or adjust props but notify Management if there is a problem. I understand that I am not to touch customers. I understand that if my actions are considered inappropriate, my volunteer duties will be cancelled and that I will be removed from the event without warning.

I do not hold the The ScareGrounds and/or other affiliates of this event responsible for damage to or loss of property, and/or injury or death to myself or minor while participating in The ScareGrounds haunted attractions. I fully acknowledge the risks of participating in this event and hereby forfeit my right to penalty, lawsuit, and/or legal action against the stated parties. I also understand that on any night I volunteer that I will be expected to stay for the entire event.

Volunteer signature: _____ Date: _____ Note:

If volunteer is under 18 years of age, a parent or guardian must sign in addition to volunteer.

I, _____ (parent/guardian) have read the above Volunteer Release of Liability and Damage Waiver statement, and give permission for my child to volunteer at the ScareGrounds and agree to the volunteer liability statement. I also understand that any night my child volunteers that it will be expected that they stay for the entire event.

Signature of authorizing parent/guardian

Phone Number

Date