

2017 Hangman's Volunteer Form

Must be 14 or older to volunteer (please PRINT NEATLY in the boxes below)

NAME: _____
First Last

ADDRESS: _____
Street Address Apt #

City Zip

E-Mail

PHONE: () | | | | - | | | | | () | | | | - | | | | | () | | | | - | | | | |
Cell Home Work

T-SHIRT SIZE: SM MED LG XL 2X 3X BIRTHDATE: _____
/ _____
Month Day

Will you be reporting your hours to an agency/organization? Yes No
If so, what's the name of the agency/organization? _____

Emergency Contact Name and Phone Number (Only if you are 17 and younger):

YOU MUST SIGN BELOW! Waiver & Release

In consideration of my participation in any of the activities on site or related to Hangman's House of Horrors and/or AKS Marketing, 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) Hangman's House of Horrors; (b) AKS Marketing; (c) any and all corporations, individuals or entities sponsoring or supporting the aforementioned activities; (d) 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 (e) 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 Hangman's House of Horrors and AKS Marketing.

I will adhere to Hangman's Equal Opportunity and Harassment policies.

Hangman's House of Horrors, AKS Marketing 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 Hangman's House of Horrors and/or AKS Marketing.

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/guardian.

Parental Signature: _____ Witness: _____

