

VOLUNTEER CONSENT AND RELEASE FORM

This is to certify that I have freely volunteered my services to Windycon XII. I understand that I will receive no payment for my time; however, some of my out-of-pocket expenses, such as my registration fee may be paid back. I understand that such reimbursement is not guaranteed and depends on each individual case on the availability of funds and the future decisions of Windycon XII.

I have been informed that a convention the size of Windycon XII can attract thieves and that Windycon XII does not undertake to safeguard the personal property under any circumstances, even in rooms or areas of limited access.

In addition, I agree that in all cases Windycon XII shall not be held liable for any damages to myself or to any property in my care or custody unless due to gross negligence on the part of Windycon XII.

I give permission for reasonable medical care to be given to me except as noted on the back of this form.

SIGNED _____ DATE _____

PRINTED NAME _____

If you are volunteering to work on Windycon XII, and you will be under 18 years old for any of the time you will be working on Windycon XII, you must have your parent or guardian sign the form below.

This is to certify that I am the legal guardian or parent having custody of the minor signing above and that I have studied the above agreement signed by my minor, as valid and in form.

I authorize the volunteering of my minor to Windycon XII without pay; I will under no circumstances hold Windycon XII responsible for the theft of personal property: I agree that Windycon XII will be liable only for damages caused by its gross negligence.

I direct that no special care be taken with regard to my minor due to my minor's age. With regard to any specific activity done for Windycon XII by my minor: to the extent that I know or am present and could observe the details, and I do not object, then I, for myself or for anyone claiming through me, waive to the extent legally possible any claim that such an activity was done in a hazardous or reckless manner.

I consent to reasonable medical treatment of my minor as I have noted on the back of this form.

SIGNED _____ DATE _____

ADDRESS _____

PRINTED NAME _____

Accepted for Windycon XII;
SIGNED _____ DATE _____