

Volunteer Release Form

I am volunteering to work for WisCon 30, held in Madison, Wisconsin, USA, 2006 May 26 (Friday) thru 29 (Monday); this release covers the entire period of working on WisCon, including the set-up and tear-down.

I understand that I will receive no payment for my services at WisCon. In addition, I understand that I am not an employee and that I will not be entitled to and will not receive any workers' compensation benefits or other similar payments in the event I am injured.

I agree to indemnify and hold harmless WisCon and its parent organization, the Society for the Furtherance and Study of Fantasy and Science Fiction Inc., from any claim for personal injuries, other damages, or claims of any other nature arising out of my activities at WisCon.

I understand that the appreciation of WisCon's organizing committee, attenders, and other volunteers may be the only benefit I will receive from this work. In the event that WisCon is financially able to do so after the convention, a partial membership refund will be mailed to those who request it below and who have met at least one of the qualifying conditions.

I am at least 18 years old, or my parent or guardian has approved my volunteering. I have read and understood the above release. I am voluntarily signing it without any inducement or representation from any member of the staff.

signature of volunteer date

signature of parent or guardian of minor date

Reimbursement Application

I have signed the above release statement and hereby apply for a \$20 partial membership fee reimbursement because I ...

- was on the concom*.
- was a program participant*.
- volunteered for at least 6 hours doing the jobs listed below:

<u>Day</u>	<u>Start</u>	<u>Stop</u>	<u>Hours</u>	<u>Area/Job Worked</u>	<u>ConComMem Sign-Off</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*We know who you are; no need to list the specifics.



Personal Information Form



If you've made any notations on this form, drop it into the "Return Surveys Here" box at the reg desk at the end of the con, or mail it no later than June 30 to:
WisCon, PO Box 1624, Madison WI 53701-1624

Emergency Medical Information

If you have a medical condition that may not be apparent if you are in distress, please print it on the back of your name badge where it will only be seen if needed.

Personal Contact Information

Please correct any inaccuracies or omissions right on this form.

Name:
Alphabetized under: Nickname:
Name Notes:
Address:
Home Phone:
Work Phone:
Phone:
Address1:
Address2:
Website:

Privacy Statement

How we use this information. This information is held by the Society for the Furtherance and Study of Fantasy and Science Fiction Inc. (SF³), the non-profit educational and literary society which sponsors WisCon. We use it to communicate with you about WisCon and other SF³ activities. Also, for reasons of tradition and efficiency, we share our database with the James Tiptree Jr. Awards (a separate non-profit organization spun off from SF³), which may also use it to contact you.

Your right to be free from harassment. SF³ will not sell, give, trade, or share your personal information with any person or commercial, governmental, military, religious, or non-profit organization except as specifically authorized by you or under court order. Here we ask for your permission to include your name and address (but not your address) if we choose to trade mailing lists with another non-profit SF fan group.

- Check here** if you do **not** want your contact information traded to other fan groups.
- Check here** if you do **not** want to receive any more information from SF³ or WisCon.
- Check here** if you do **not** want to be contacted by the James Tiptree Jr. Awards.
- Check here** if you do **not** want your name to appear on a private web page of WisCon members. (The page will be publicized only to the WisCon community and will be protected from outside search engines.)
- Check here** if you **do** want us to subscribe you, at the address listed above, to *eCube*, WisCon's electronic newsletter. You will get no more than 10 issues per year, most of them in the 2 months immediately preceding WisCon.

(over)