

BALTICON 50 VOLUNTEER REGISTRATION AND RELEASE FORM

FOR STAFF AND VOLUNTEERS — THURSDAY, MAY 26 THROUGH TUESDAY, MAY 31, 2016

Name: _____ Balticon 50 Badge # _____

Email Address: _____

Phone # _____ Other Phone # _____

Address: _____

Hotel Info :	Renaissance Room No. _____	Other hotel _____	Rm No. _____
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Check In Date: _____ Check Out Date _____

Preferred Work Areas _____

Health conditions or other limitations on the work I can do: _____

Special experience that may be helpful: _____

Agreement: I understand that I am volunteering to help at Balticon 50 which is produced by the Baltimore Science Fiction Society, Inc. (also known as BSFS), a not-for-profit §501(c)(3) educational literary society. I understand that I will not be paid for this work. I understand that no one is authorized by BSFS or Balticon 50 to make any private offer of payment of any kind.

I have read and understand the Balticon 50 and Baltimore Science Fiction Society rules and regulations.

I hereby release and forever discharge BSFS, the BALTICON 50 committee and the Renaissance Baltimore Harborplace Hotel, individually and as a group, and their officers, agents, and volunteers from any and all liability and responsibility should I be injured or hurt while in the performance of the work I have voluntarily undertaken. I affirm that I will not volunteer for any task for which I am not qualified by training or experience to perform.

I am at least 18 years of age, unless a parent or guardian has signed below.

Signature _____ Date _____

I am a minor ***(If checked please have a parent or guardian complete the following)***

I _____, the parent of guardian of the minor
(Please print parent/guardian name above)

_____, give my approval to the above agreement
(Please print minor's name above)

Parent/Guardian Signature _____

Date _____