**Hysterium/Haunted Hotel-13th Floor**

**Information sheet and waiver**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER'S RELEASE OF LIABILITY AND DAMAGE WAVIER**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will participate in the Hysterium/Haunted Hotel-13th Floor haunted house. My volunteer duties in this event consist of \_\_\_\_\_\_\_\_\_\_(fill in for acting, running controls, ticket booth, etc.), monitoring guests for safety violations, and at times escorting guests to the appropriate exit. As an event volunteer, I understand that Management must be notified of all incidents relating to guest problems, equipment failure, and safety violations.

As a volunteer, I understand that my actions (both good and bad) are viewed by the public and directly affiliate me with Hysterium/Haunted Hotel-13th Floor, JamBam LLC, and the sponsors. I understand that if my actions are deemed inappropriate, my volunteer duties will be cancelled and that I will be removed from the event without warning.

I do not hold Hysterium/Haunted Hotel-13th Floor, JamBam LLC. and/or affiliates of this event responsible for damage or loss of property, and/or injury or death to myself while participating in the Hysterium. 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 have read and understand the Safety Training and Emergency Action Plan (EAP), the Hysterium Haunters Manual, and understand the requirements & responsibilities therein.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_**

**Parent/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature needed if under 18.**