

**2018 Creekside Manor**  
**Volunteer Information Form**

Contact Information ( please print )

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

Phone Number: \_\_\_\_\_

Contact by text or email? ( circle one )

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

Emergency Information ( this information will be destroyed after season )

Allergies or medical conditions that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact person:

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

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

# Waiver of Liability

This agreement releases Creekside Manor Haunted House and it's organizers from all liability relating to injuries that may occur while participating in the operation of event. By signing this agreement, I agree to hold Creekside Manor Haunted House and it organizers entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

By signing below, I forfeit all rights to bring a suit against Creekside Manor and it's organizers for any reason. In return, I will receive community service hours and/or written documents detailing your service.

I, \_\_\_\_\_, fully understand and agree to the terms above

(printed name)

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(if under 18)

*Note to volunteers: Insurance costs have quadrupled in the last six years of operation. This year's policy does not cover our volunteer participants. It has become very hard to fulfill our promise to support our community and also pay the cost of doing business. We promise to keep you safe and never put anyone in harm's way. Thank you for your participation.*