

Scary Hollows Haunted Trail Volunteer Agreement and Waiver of Liability Form (updated 9/28/18)

_____ (print name) will participate in the Scary Hallows Haunted Trail in Milton, IN. I understand that my volunteer duties not only involve acting but also 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 Scary Hollows Haunted Trail and its 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 understand that the continued success of this event depends on my involvement and contributing effort of 110% every time I volunteer so that the quality of this event remains high. I know and understand the importance of my attendance obligation after signing up and confirming a volunteer shift. I acknowledge that I know what time I am supposed to arrive each volunteer shift and agree to be on time. I agree to contact the volunteer coordinator as early as possible if some unforeseen event arises that prevents me from fulfilling a volunteer shift.

I will follow all rules and expectations given to me during required training and communicated each night of attendance. I understand that working in a haunted trail is very unique and can be a very rewarding experience. I agree to do the best that I can and have fun!

I hereby grant permission for a member of the Scary Hollows Haunted Trail staff to take whatever steps may be necessary to obtain emergency medical care for myself, including contacting an emergency contact person or arranging transport to a hospital or medical facility.

I do not hold Scary Hollows, LLC, or its staff, directors, volunteers, sponsors, and/or affiliates of this event responsible for any damage or loss of property, injuries, accidents and/or death, or any other ill effect suffered as a result to myself while participating as a volunteer. 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 the above agreement and by signing below agree to all of the above.

Signature _____ Date _____

All volunteers under 18 must have signed permission from their parent or legal guardian.

I, _____ (print name) am the parent or legal guardian of the above named volunteer and can be reached at _____ (phone number) during the event. I give my full permission for him or her to participate as a volunteer for Scary Hollows Haunted Trail and to remain until the trail closing time, which may be as late as 1 AM. I do not hold Scary Hollows, LLC, or its staff, directors, volunteers, sponsors, and/or affiliates of this event responsible for any damage or loss of property, injuries, accidents and/or death, or any other ill effect suffered as a result to my child while participating as a volunteer. 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 the above agreement and by signing below agree to all of the above.

Signature _____ Date _____