2023 Spring Special Prom Event 3.3.23
Volunteer /Staff/Community Service Registration

Name: _____DOB_____

Address: _____

Home Phone: _____Cell Phone: _____Email: _____

Emergency Contact Info: Name: _____Phone: _____

Please list any medical conditions that may impact your safety or experience at Spring Special Prom: (examples: diabetes, bee sting allergies, seizures, asthma, cancer, cardiac problems etc.)
(THIS WILL NOT PREVENT YOU FROM VOLUNTEERING; IT ALLOWS US TO PROVIDE A SAFER ENVIRONMENT FOR YOU!).
This form authorizes Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff or Board of Directors to seek Medical Care/EMS/911 services for any medical emergency, serious illness or accident and are held harmless from all claims, losses, causes of action or other liabilities, costs and expenses. Volunteers/Staff/Participants & Parent/Guardians of minors/dependents are responsible for all associated costs/expenses.

_____

Volunteers/Staff/Community Service are welcomed and appreciated: Volunteering/working/participating at Spring Special Prom is a mutually agreed upon arrangement between the individual and the Spring Special Prom Event with/without consideration of compensation. VMNH rules and safety expectations must be followed at all times. All interactions from the Volunteers/Staff/Community Service must reflect the respect and kindness. There is a Zero-Tolerance Policy against smoking, mistreating any individual, theft, inappropriate behaviors, substance use, including alcohol, being on grounds under the influence of substances, threatening or violent behavior.

Signature below is declaration of agreement to the above terms and acknowledges that they will not hold Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns or staff liable for accident, incident, injury, illness or death related to activities on/at/with Spring Special Prom Event. All persons in this area will be regarded as participants /Volunteers and limited by the INHERENT RISK LAW.

The undersigned, for him/her self, his/her heirs, legal representatives &/or assigns agrees to: a) Indemnify and hold Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff or Board of Directors harmless from all claims, losses, causes of action or other liabilities, costs and expenses (including reasonable attorneys' fees) of any nature, whether absolute, accrued, contingent or otherwise arising out of or pertaining to _____(name) being allowed to do volunteer work, employment, or service , activities or events. Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff or Releases and forever discharges Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns or staff, of and from all claims, demands, actions and causes of action of any kind of nature at law or in equity based upon _____(name) being allowed to do volunteer work, employment, or service, activities for Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff THIS IS AN ABSOLUTE AND COMPLETE INDEMNITY, HOLD HARMLESS AND RELEASE AGREEMENT FROM _____(name) TO Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff or Board of Directors, WITH REGARD TO ANY AND ALL CLAIMS OR CAUSES OF ACTION WHICH _____(name) MAY HAVE AGAINST Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff or Board of Directors. THIS IS A LEGALLY BINDING CONTRACT WHICH AFFECTS YOUR RIGHTS. IN THE EVENT THAT YOU DO NOT UNDERSTAND IT, YOU SHOULD SEEK YOUR OWN LEGAL COUNSEL

_____(Initial) Media Release: I give permission Any Event Organizers, Participants, Volunteers, Staff, FOIAR, BOD, VMNH, Sponsors or their successors and/or assigns, staff or Board of Directors. to use photographs, video, audio footage, testimonials for local, regional, state, online, promotional or educational purposes.

Eligibility: If you have ever been or currently are the subject of a founded complaint of child abuse, neglect, felony charges, assault & battery, sexual misconduct, or on the sex offender data base you are NOT ELIGIBLE TO VOLUNTEER AT THIS EVENT!
___initial/ sign that you are ELIBIBLE

PARENT/Guardian PRINTED NAME (if minor/dependent): _____

PARENT /Guardian NAME: PRINT_____ DATE _____

VOLUNTEER/STAFF/COMMUNITY PARTICIPANT SIGNATURE: _____

VOLUNTEER/STAFF/COMMUNITY PARTICIPANT PRINTED NAME_____DATE: _____

APPROVED/ACCEPTED Spring Special Prom Volunteer Coordinators: _____DATE: _____