



Cayce-West Columbia Jaycees 2021 Hall of Horrors

Volunteer Release of Liability, Waiver of Claims, & Assumption of Risks

I, _____ [Print Full Name], will participate in the Cayce-West Columbia Jaycees' Hall of Horrors Haunted Attraction through October 2021. My volunteer duties in this event consist of performing as a Hall of Horrors actor or crew member, monitoring guests and other volunteers for safety violations, and, at times, escorting guests to the appropriate areas of the attraction. As an event volunteer, I understand that Management must be notified of all incidents relating to guest/volunteer problems, equipment failure, and safety violations. Character acting roles are scripted to have no physical contact with any of the customers of the Hall of Horrors; therefore, no touching of the customers is allowed when guests are on their paid tours.

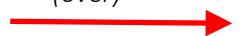
As a volunteer, I understand that I am to receive no personal monetary compensation for my participation in this event. I understand that my actions, both good and bad, are viewed by the public and directly affiliate me with the Cayce-West Columbia Jaycees; the State, National, and International Jaycee Organizations; and all sponsors of this project. I understand that if my actions are deemed inappropriate, my volunteer duties will be revoked and that I will be removed from the event without warning. I also understand that I can be held liable for any theft or intentional damage to the property of the Cayce-West Columbia Jaycees that is left in my care.

I do not hold the Cayce-West Columbia Jaycees, its board of directors, its members, any other Jaycee organization, other volunteers, event sponsors, or affiliates of this event responsible for damage or loss of personal property, injury, or death to myself while participating in the Hall of Horrors. I understand that neither the Jaycees nor the project carries worker's compensation insurance, as this project is strictly non-profit and is not required to do so. I fully acknowledge the risks of participating in this event and hereby forfeit my right to penalty, law suit, or legal action against the stated parties.

I agree and understand that I am not to discuss or disclose any audio, video, or room sets used in this haunted attraction with anyone not affiliated with the Cayce-West Columbia Jaycees' Hall of Horrors.

Initials _____

(over)



Use of Name, Photograph, Likeness, Video, or Sound recording

I, _____ [*Print Full Name*], hereby consent to the use by CWC Jaycees' Hall of Horrors, of my name, photograph, and likeness and film, video, or sound recording of me to promote or publicize the Hall of Horrors event. I hereby release the Jaycees, the Hall of Horrors, its members, and any sponsors from any and all liability for using my likeness/image and waive all claims arising from the use of any such images/recordings.

I also hereby grant a perpetual and irrevocable license to the CWC Jaycees Hall of Horrors to use any image in any manner, including, but not limited to reproduction, sale, exhibition, copying, broadcast, and distribution of my image or information or any promotional situation the Hall of Horrors deem appropriate to promote its business. I understand that any recording of my image or likeness may be edited or combined with other images, sound, text, or additional information. I expressly disclaim all rights to all values and benefits the CWC Jaycees may gain through the use of any recordings. I understand that any contributions made during the non-production season is disclaimed by waiver, even if my image or likeness is used during production season. I agree to all volunteer guidelines and safety regulations set forth by the project management during video sessions, photography sessions, sound recordings, and show production.

I declare that I am over eighteen (18) years old or have my parent or guardian's consent as indicated by their signature below. I have read this release, and I understand its contents.

Volunteer's

Printed Name: _____ Age: _____ Jaycee Member? Yes No

Jaycees do not need to fill out this section.

Date of Birth: _____ Phone: _____ E-mail: _____

Parent/Guardian _____ Signature: _____
(if under the age of 18)

Volunteer Signature: _____ Date: _____

Emergency Contact: _____

Relationship _____ Phone: _____

List any medical issues or allergies: _____