

Dark Castle

2076 Highway Church Road, Elgin, SC 29045 (803) 309-5586

Volunteer and Release Form

Print clearly:

Haunt _____ Organization _____

Volunteer Name: _____ Age: _____

School Grade (if applicable): _____

Address:

Home Phone: _____ Cell Phone: _____

Email (required, as this is our primary communication tool) _____

Were you recruited and if so, who encouraged you to apply? _____

If you are under 18:

Parent(s)/Guardian(s) Name: _____

Emergency Parent Phone Number(s): _____

In the event that we are unable to contact either parent/guardian, please supply 2 additional emergency contact names and telephone numbers. Please include relationship. (Mandatory)

1. _____

2. _____

If you are over 18:

Whom should we contact in case of an emergency?

Name: _____

Phone 1: _____

Phone 2: _____

I hereby, for my heirs, my executors, administrator, and myself, waive all rights and claims for damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in any activity related in any way to Dark Castle, their staff, sponsors, vendors, contractors, cooperating landowners, and any others related to the attraction. I grant full permission for organizers to use photographs, video and quotations from me or including me without compensation in legitimate accounts and promotions of this event. I grant permission to conduct a comprehensive review of my background for volunteer purposes. I consent to the named person, whether myself or my child, working as a volunteer at Dark Castle. I understand that every reasonable effort will be made to ensure I attend all work days and assigned meetings. I also have read the rules attached to this application and understand that I will be responsible for following these rules and not following them can result in my dismissal as a volunteer and may affect me for future volunteer opportunities.

Volunteer Signature (all ages)

Parent/Guardian Signature (if under 18)

Date

Date