

Sinister Suites Crew Info

Name: _____ Age: _____

Phone Number: _____

Address: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Please list all allergies or medical conditions we should know about:

Desired Position(s): _____

Please mark all days you are available to be with us: (days we're open are highlighted)

OCTOBER					29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

WORKER'S RELEASE OF LIABILITY & DAMAGE WAIVER

I _____ will participate in the Sinister Suites haunted house during September 1, 2017 through October 31, 2017. My duties in this event may consist of acting, being a guide or usher, or running the concession, ticket, or merch booth. I will also monitor guests for safety violations, and will help evacuate guests in case of an emergency. As an event employee, I understand that management must be notified of all incidents relating to guest problems, equipment failure, and safety violations.

As an employee, I understand that I will be paid by the amount of nights that I work, not by the amount of hours that I work. I understand that I will receive \$_____ per night. I also understand that I will not receive compensation until the event ends at the end of October.

As an employee, I understand that my actions (both good and bad) are viewed by the public, and directly affiliate me with Sinister Suites, and sponsors. I understand that if management deems my actions inappropriate, my volunteer duties will be cancelled, and I will be removed from the event without warning. Sinister Suites also withholds the right to refuse compensation to employees if props are damaged or stolen by the individual(s) in question. I understand that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I do not hold Sinister Suites and/o any affiliates of this event responsible for damage or loss of property, and/or injury or death to myself while participating in this event and hereby forfeit my right to penalty, lawsuit, and/or legal actions against the state parties. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I certify that I am physically able to participate in this event, and have not been advised to not participate in the event by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity.

I understand that I will remain in my designated area, and will not wander about the hotel without the director, or associate directors accompanying me.

I understand that while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used to any legitimate purpose by the activity holders, directors, sponsors, organizers, and assigns.

The Workers Release and Liability & Damage Waiver shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

PARENTAL/GUARDIAN CONSENT FOR PARTICIPANTS UNDER 18

I _____ have reviewed the handbook for Sinister Suites haunted house, and allow my child _____ to participate as an employee from September 29, 2017 to October 31, 2017.

Name Of Minor (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____