



VOLUNTEER APPLICATION & RELEASE

DATE: ___/___/___

FULL NAME: _____

AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

DO YOU HAVE ANY PRIOR EXPERIENCE ACTING? (IF YES, EXPLAIN BELOW):

ARE YOU ABLE TO STAY OPEN-CLOSE EACH NIGHT? YES___ NO___ I DON'T KNOW___

ARE YOU ABLE TO WEAR MASKS OR MAKEUP? MASKS___ MAKEUP___ BOTH___

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT PREVENT YOU FROM WORKING ANY POSITIONS IN THE ATTRACTION? (IF YES, EXPLAIN BELOW):

EMERG. CONTACT NAME: _____ EMERG.PHONE _____

“I HEREBY DECLARE THAT I AM 18 YEARS OF AGE OR OLDER OR HAVE MY PARENT/GUARDIAN'S PERMISSION TO WORK AT THE INDUSTRIAL SLAUGHTERHOUSE I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR MY OWN ACTIONS AND PROPERTY WHILE WORKING AT THE INDUSTRIAL SLAUGHTERHOUSE. I AGREE TO HOLD HARMLESS THE INDUSTRIAL SLAUGHTERHOUSE, ITS OWNERS OR ANY OTHER PARTY AFFILIATED WITH THE HAUNTED ATTRACTION HARMLESS IN THE EVENT OF ANY INJURY, THEFT OR OTHER LOSS.”

APPLICANT'S NAME

APPLICANT'S SIGNATURE

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S SIGNATURE