

## Balticon Volunteer Registration and Release Form for Staff and Volunteers

Name \_\_\_\_\_ Badge # \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Hotel and Room number \_\_\_\_\_

Health Conditions or other limitations on work I can do: \_\_\_\_\_

Preferred work area \_\_\_\_\_

Special experience that may be helpful \_\_\_\_\_

I understand that I am volunteering to help at Balticon, which is produced by the Baltimore Science Fiction Society, Inc. (BSFS) a 501(C)(3) educational literary society. I understand that this is a non-paid position. I understand that no one is authorized by BSFS or Balticon to make any private offer of payment of any kind.

I have read and understand the Balticon and BSFS code of conduct, rules and regulations.

I hereby release and forever discharge BSFS and the BALTICON committee individually and as a group, their Officers, agents, and volunteers from any and all liability and responsibility should I be injured or hurt while in the performance of work I have voluntarily undertaken. I affirm that I will not volunteer for any task for which I am not qualified by training or experience to perform.

I affirm I am at least 18 years of age unless a parent or guardian has signed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] I am a minor, I have a parent or guardian sign below with permission to volunteer.

I \_\_\_\_\_ parent or guardian of the minor  
(Please PRINT parent or guardian name above)

\_\_\_\_\_.give my approval of the above agreement.  
( Please PRINT minor's name above)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell phone for adult contact at Balticon: \_\_\_\_\_