

HAUNTED TRAIL
VOLUNTEER REGISTRATION FORM
CITY OF WEST LINN
PARKS & RECREATION DEPARTMENT
Phone 503-557-4700

VOLUNTEER NAME _____ M/F _____

ADDRESS _____ HOME PHONE _____

IF UNDER AGE 18 GRADE _____ PARENTS NAME(S) _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

Do you have any experience with haunted attractions or theater? If so, please describe:

Why do you want to volunteer for the Haunted Trail at Mary S. Young? Describe the role you wish to fill (Actor/Security/Make-up/etc.)

Character Reference: (Name/Phone)

Please return the completed Volunteer Registration Form and signed Volunteer Waiver to:
West Linn City Hall 22500 Salamo Road, No. 1100 West Linn, Oregon 97068 FAX 503-656-4106

HAUNTED TRAIL
VOLUNTEER WAIVER FORM
CITY OF WEST LINN
PARKS & RECREATION DEPARTMENT
Phone 503-557-4700

You are volunteering to participate at the Haunted Trail at Mary S Young Park Hwy 43 On Friday, October 24 or Saturday, October 25, 2014.

This is a night time, outdoor event involving exposure to adverse weather, trails that may be wet, slick or uneven.

WAIVER

By participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand there are risks of accidents resulting in bodily harm to me/my dependant arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I/my dependant has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my/my dependant's behalf. It is understood and agreed that the City, it's Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

_____ ** I have read the above waiver and understand the contents**
(Initial)

_____ Volunteer Signature

_____ If minor, Parent/Guardian Signature