

Boumi Shriners Haunted House Volunteer Form

Return to Boumi Shriners Attn: Haunted House, 5050 King Avenue, Rosedale, Maryland 21237
or hauntedhouse@boumishriners.org

Basic Information

First Name _____ Last Name _____

Cell Phone Number _____ Email Address _____

Birthday _____ Under 18? _____ Under 16? _____

Street/Mailing Address _____

City _____ State _____ Zip Code _____

Emergency Contact Information

Emergency Contact _____ Relationship to You _____

Primary Phone _____ Secondary Phone _____

Emergency Contact _____ Relationship to You _____

Primary Phone _____ Secondary Phone _____

Haunt & Health Information

I Cannot Work in Strobe Lighting _____

I Cannot Wear a Mask _____

I Have a Latex Allergy _____

Anything Else We Should Know _____

Position of Interest Actor _____ Builder _____ Make-Up _____ Security _____ Ticket Booth _____

Secondary Position of Interest _____

Dates Available

Friday	Friday	Saturday	Sunday
Oct. 22	Oct. 29	Oct. 30	Oct. 31
Safety Training	Opening		Closing

Boumi Shriners Haunted House Medical Consent Form & Participant Guidelines

I, (please print) _____, hereby grant permission for a member of Boumi's Backyard Haunted Circus (Haunted House) to take whatever steps may be necessary to obtain emergency medical care for the above named participant. These steps may include, but are not limited to the following:

- Attempting to contact a parent or guardian if the volunteer is a minor
- Attempting to contact the volunteer's emergency contact listed on file
- A hospital or emergency service

In addition you agree not to hold Boumi's Backyard Haunted Circus (Haunted House) responsible for any injuries, accidents, lost or stolen items, or any other ill effect suffered as a result of your volunteering for the haunt.

Please list any health problems that we should know about (i.e. diabetes, epilepsy, heart conditions, allergies, back problems, etc.)

By signing this form I also acknowledge that I have read and understood the following:

- No Drinking (Alcoholic Beverages) before, during, or after the evening's event
- No Smoking near the attraction or guests
- No scaring young children
- No touching guests
- There will be a safety word for emergencies
- There is no leaving my designated area without permission or letting security know, depending on my area

I understand that if I violate any or all of these guidelines I will be asked to leave the attraction.

Volunteer Signature (and Parent/Guardian Signature if volunteer is a minor)

Date

Boumi Shriners Haunted House Authorization for Minor Child Participation

(Every Volunteer YOUNGER than 18 needs to complete this in order to participate)

I, (please print) _____, hereby give authorization for
(Parent/Guardian)

my child _____, to participate in all phases
(Minor Child)

of implementation of the Boumi's Backyard Haunted Circus Season.
(Haunted House)

My Child, _____, is 13 or younger and is volunteering with _____
(Minor Child) (18+ Adult)

By signing this form, I understand and authorize the following:

- They must behave and perform accordingly or they may be asked to leave.
- If they are 13 or younger they must be volunteering with an 18 year old or older adult.
- Unfortunately we (Boumi's Backyard Haunted House) cannot provide any transportation for them on any night.
- There may be periods of time that your child is not directly supervised.
- You are authorizing your child to help our attraction.
- We may take and use photos of the attraction that may contain your child.
- Our attraction may not be available by phone to answer questions about their presence or role with the attraction.
- Your child may be asked to dress in costume to play a role within the attraction. We do not yet know what this role may be.
- Your child has offered to volunteer during the following time frames:

Friday Oct. 22 Safety Training	Friday Oct. 29 Opening	Saturday Oct. 30	Sunday Oct. 31 Closing
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Parent/Guardian Signature

Date

Phone Number

Address, City, St, Zip