



High School Student-Volunteer Liability agreement

I _____ a student of _____, will be volunteering for SacAnime.
(print name) (high school)

I fully understand and agree to the following:

1. It is my responsibility to cover all costs for my own food and transportation during, before, and after the show, and I will not be reimbursed by SacAnime or its agents for these expenses.
2. I will be at least 16 years of age during the convention.
3. I am responsible for ensuring that I have my service learning/community service documentation from my high school in my possession prior to the beginning of my shift. I understand that I will not be able to volunteer without proper documentation.. I will be required to perform a minimum of eight hours. I understand that sign-off of hours will be completed by the Director of Volunteers after each shift.
4. I will be given a badge that states volunteer, which I must return after each assignment and before breaks.
5. While I am volunteering for my Service Learning/Community Service I am not permitted to access any venue during the convention
6. I understand that if I want to be become a standard SacAnime Volunteer I will be required to purchase a guest badge and I will not be able to accrue additional hours under the student agreement.

Failure to follow aforementioned will result in the following:

- A. Being escorted off the premises of the show,
 - B. A call to your school regarding your behavior and or incident,
 - C. Hours not being signed off,
 - D. and, a negative comment, which can prevent future students from your school being able to volunteer for SacAnime for the Service Learning/Community Service Program.
7. SacAnime will be not held liable for any injury or loss I may incur during my time as a student volunteer, and that in the event of an emergency; I give full rights for SacAnime to contact:

Emergency Name: _____

Relation: _____

Phone Number (including area code): _____

If my emergency contact cannot be reached, I authorize SacAnime to contact emergency services for further medical treatment.

I agree that if in case of any damages, losses, claims or liabilities to equipment(s), building(s), or infrastructure(s) due to my own negligence, that SacAnime will be reimbursed at full costs and can contact me at:

Address: _____

City/State/Zip Code: _____

Contact Phone Number (including Area Code): _____

I certify that everything above is true, current, and correct. _____

Signature: _____ Date: ____/____/____

Signature of Parent of Legal Guardian (If volunteer is a minor): _____

*** All information will be kept confidential unless otherwise requested for emergency purposes.**