SacAnime Volunteer Liability Agreement

I ______ will be volunteering for Sac-Anime. I fully agree and understand that I will be held responsible to cover the cost for food, transportation, and lodging during, before and after the show and is not subject to be reimbursed by Sac-Anime. I understand that Sac-Anime will be not held liable for injury and that in the event of an emergency; I give full rights for Sac-Anime to contact:

Emergency Name: _____

Relation:

Phone Number (including area code): _____

If my emergency contact cannot be reached, I authorize Sac-Anime 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 Sac-Anime 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.

Volunteer Signature:

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

SacAnime Volunteer Liability Agreement for Minors

I ______ am the parent/guardian and have legal custody over minor named: ______ who will be volunteering for Sac-Anime. I fully agree and understand that I will be held responsible to cover the cost for food, transportation, and lodging for my minor during, before and after the show and is not subject to be reimbursed by Sac-Anime. I understand that Sac-Anime will be not held liable for injury to my minor and that in the event of an emergency; I give full rights for Sac-Anime to contact me if in the event that I cannot be reached:

Emergency Name:

Relation:

Phone Number (including area code): _____

If my emergency contact cannot be reached, I authorize Sac-Anime 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 minor's negligence, that Sac-Anime 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.

Parent/Guardian Signature: ________* All information will be kept confidential unless otherwise requested for emergency purposes