

Intermission Productions Volunteer Sign Up

Visit our website: www.intermissionproductions.com for additional event opportunity details
Contact: Sher Madison at **209-814-1994 anytime for more information.**

Please print name: (*Applicant*) I _____ do hereby acknowledge that I am volunteering my services with **Intermission Productions, Inc. at various events. Dates and times to be determined.**

In doing so I understand the following:

1. I will perform whatever task is presented at the time I am present. These tasks may include: security, clean up, actor, light maintenance, and greeter.
2. I will commit to arriving on time when asked, in order to have time to prepare for my part.. I must sign in and out every day at the Volunteer Station to receive proper credit for my time.
3. I will read the **General** rules before signing this and will follow them. If I have a question about any of them, I will ask the manager.
4. When I am shown how to perform a duty, I will pay attention and do my best to follow the detailed instructions. I agree to attend rehearsals to learn any parts I have been assigned to do!
5. If I am unable to meet my sign up commitment, I will give at **least 24 hours notice** by calling Sher Madison at her cell number 209-814-1994 or office number 209-839-9333.
6. I will conduct myself in a polite, cheerful, helpful, honest, and professional manner. I will be a team player!
7. I understand that I will not be paid for my services. I will be volunteering of my own free will and choice.
8. If I am under the age of 18, my parents/guardians will know where I am and they have signed this agreement as well. Until they have signed, I will not begin my services.
9. In consideration of the acceptance of this application, the *Applicant* (s) agrees to release and hold **Intermission Productions, Inc.**, The City of Tracy, their directors, members, and employees, harmless, and to promptly indemnify same from and against any and all claims, actions, damages, liability of every type and nature, including all costs and legal expenses incurred by the *Applicant* or any other party, by reason of any activity arising under or in connection with the *Applicant's* participation in Intermission Productions events, including loss of life, personal injury and/or damage and theft to property arising from or out of any occurrence, omission or activity relating to such participation.
10. In the event that **Intermission Productions, Inc.**, Sheryl Madison, Northgate Village, The City of Tracy shall be made party to any litigation commenced by or against the *Applicant*, then the *Applicant* shall proceed and hold the above mentioned harmless and shall pay all costs, expenses, and reasonable attorney's fees incurred or paid by them in connection with such litigation.

Signature _____ Date: _____

Parent/Guardian signature if Applicant is under age 18 _____

Emergency/Best contact phone # _____