

Summary

Describe what you expect to get out of volunteering for the Washington Renaissance Faire? Why do you want to volunteer?

Describe specifically the hours/times you are available for volunteering? Days? Months?

Describe any illness or handicap that we should be aware of as you volunteer for WRFF. (WRFF, Inc will make all possible accommodations for persons with disabilities)

Have you ever been convicted of a crime? If YES, please describe below including dates of offense.

ALL EMPLOYEES/VOLUNTEERS FOR WRFF, INC AGREE TO FOLLOW THE POSTED RULES FOR THE SITE. PLEASE PRINT AND SIGN THE HOLD HARMLESS AGREEMENT AND SEND WITH YOUR APPLICATION.

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of volunteering/employment.

Date

Signature

Hold Harmless Agreement

The undersigned hereby agrees to hold harmless, the Washington Renaissance Fantasy Faire, the Washington Renaissance Arts and Education Society, the Village Artist, Partytime Entertainment, Inmedco Inc., any staff there-of, or any person involved with the 2008 Washington Renaissance Faire. August 2, 3, 9, 10, 16, and 17, 2008 for any or all damages to persons and property resulting from acts of God, theft, vandalism, injury or medical emergency.

Further: the above mentioned persons, group or organization, shall be held harmless from any cause or action, claim or petition, filed in any court or administrative tribunal, arising out of said event, including all costs, attorneys fees, judgments or awards.

The undersigned hereby also agrees to abide by all rules or laws and shall cooperate with rules and guidelines provided by security or event staff.

Signature

Print

Date

Minor release and waiver

In the event the above participant is a minor, please complete and sign the following: *No minor will be permitted to participate or remain on site after hours without permission and supervision.*

I, the (parent / guardian) of above mentioned minor agree to the terms of the above hold harmless agreement in exchange for the concession, which allows my (son / daughter) to participate in the Washington Renaissance Fantasy Faire. I also agree to allow the staff and qualified medical personal to care for, treat, or authorize treatment and or transportation for my (son or daughter) and act as my agent in the care and treatment, up to and including the attachment of debt liability in said care and treatment.

I hereby state and declare that there are no specific needs. Additional problems or concerns regarding my (son / daughter) which may be the cause of special concerns to the staff or management of the Faire. I therefore agree to all the terms set forth herein.

Signature

Print

Date

Print Out Application and Mail to:

Washington Renaissance Fantasy Faire

**Volunteer/Employment
PO Box 583, Vaughn, WA 98394**

Questions?

Email: Volunteers@washingtonrenfaire.com