

Medical Consent

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

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

In addition, you agree to not hold Evidence of Evil (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 document, I certify that the above answers are complete and true to the best of my knowledge. Any omission will be considered a falsehood. I understand that false statements on this application are sufficient cause for dismissal should I be employed by Evidence of Evil, LLC. In the event of employment, Evidence of Evil, LLC and its authorized agents are entitled to copyright, sell, or use in any manner, any picture, recording of my voice, electronic photography, and all forms of media pursuant to my employment. I understand that this application is not a promise or contract of employment. If employed, my signature below indicates that I agree to comply with all safety rules, grooming codes, and all rules and regulations set forth by Evidence of Evil, LLC. I understand that if I am employed, I have the right to resign from the position at Evidence of Evil, LLC at any time, at my discretion, and Evidence of Evil, LLC has the right to terminate my employment with or without cause at any time. If employed by Evidence of Evil, LLC I agree to submit to search of my purse, person, bag, or any space occupied or assigned to me. I have authorized my former employers and other individuals to give information concerning me or my employment and I release them from any liability, therefore. I understand that this application is for a volunteer position and that no pay is involved. If this application leads to my employment, I understand that misleading or false information in my application or interview may result in my dismissal. By hitting submit, you electronically sign this application and agree to the above statement.

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

Date