

Loscon 39 Volunteer Waiver Form

Please print your information

Full Name:	
Address:	
City, State, Zip:	
Cell Phone:	
Email Address:	

In case of emergency, please contact::

Relationship: _____ **Phone:** _____

Have you worked other conventions? Yes ___ No ___

(If yes, please list these conventions and the departments you worked on the back of this form.)

Do you have any limitations or special needs that the staff or Hotel should be aware of?

(Includes nutritional needs, handicaps, medical conditions etc, etc, etc . . .)

For which department would you like to volunteer? What would you like to do?

LOSCON 39 WAIVER

- I will be at least 13 years old before Nov 15th, 2012.
(Required to Volunteer at Loscon 39.)
- I agree that I will be held responsible for any acts of willful misconduct which I may perform while attending the convention.

I will **NOT** hold **Loscon 39** or **LASFS clubhouse (Los Angeles Science Fantasy Society)** or its representatives, or the **Marriott Hotel** liable for any damages caused by my actions, or injury to myself or others which may occur as a result of my actions. Loscon is sponsored by a 501 (c)(3) organization.

X: _____ **Date:** _____

If between the ages of 13 and 18 years of age, Parent or Legal Guardian Must Sign Below:

I, am the Parent or legal guardian of the above named individual. I hereby grant permission for him/her to volunteer for **Loscon 39**. I understand and abide by the conditions set forth above.

X: _____ **Date:** _____