

Balticon Under 18 Volunteer Waiver and Release Form

Please print legibly

Name:	Age:
Badge #:	Cell:
Email	
Parent/Guardian Name	Parent/Guardian Cell:
Parent/Guardian email:	Adult Responsible at Balticon Name/Cell (if different)

I want to volunteer at Balticon. I and my parent/guardian understand that I am an unpaid volunteer. I and my parent/guardian have read and will comply with the Balticon Code of Conduct. I will only do volunteer work I am capable of doing, and I will put my own safety and the safety of others first while volunteering (for example I will not try to lift or move things that are too heavy).

I and my parent/guardian release and forever discharge the Baltimore Science Fiction Society and Balticon officers, committees, members, and volunteers from all liability and responsibility should I be injured or hurt while volunteering.

My Printed Name	My Signature	Date
Parent/Guardian's Name	Parent/guardian Signature	Date