X______________________ X______________________ X______________________

Volunteer Email | Phone Number (cell and home) | School, Grade, Organization

# FIELD OF CORPSES™

The Meyer Haunted Attraction

I ______________________________ give my son or daughter ______________________________ permission to volunteer at the Field of Corpses Haunted Attraction.

Participating in this fun and exciting event includes participating at least 2 days each weekend in October (Friday, Saturdays or Sundays), the week of Halloween and any additional days they are interested in for the month of October. Hours of operation are Fridays & Saturdays dusk till midnight & Sundays dusk till 10 PM. We are also open the final last week and hours Monday through Thursday are dusk till 10 PM. Volunteers need to check in by 6 PM and will be finished a half hour after closing. Field of Corpses is located at 13251 West 64th Ave (1/2 miles west of Ward Rd.)

Volunteers agree to take directions from the Field of Corpses management team and conduct themselves in a positive and responsible manner, representative of their high school.

In addition, the volunteer understands and accepts the attached disclaimer presented to all volunteers who enter Field of Corpses, the Meyer Haunted Attraction.

Volunteers are responsible for their own transportation. If you have any questions, please contact us 303-431-4191.

Thank You for your interest and involvement!
Sincerely,

Zachary N. Meyer

Zachary N. Meyer
Owner and Operator
Field f Corpses, The Meyer Haunted Attraction
Demnted Dwarfs Productions, LLC.

X ______________________________ ____________
Parent/Guardian Signature Date

X ______________________________ ____________
Volunteer Signature Date

Participating in this fun and exciting event includes participating at least 2 days each weekend in october (Friday, Saturdays or Sund

# Disclaimer

This agreement is dated September 15, 2014. This agreement, by and between Demented Dwarfs, LLC., parent company Field of Corpses (referred to as the “Owner”) located at 13251 West 64th Avenue Arvada, CO 80004 and ____________________________________ (referred to as the “Volunteer”) will bind and hold to all terms and conditions set forth in the following through November 3, 2014.

WHERE AS, “Volunteer” is under volunteer/independent work status when requested by “Owner”.

WHERE AS, “Volunteer” is a sole proprietor who has elected under C.R.S. Section 8-41-401 (3) not to obtain worker’s compensation insurance.

THEREFORE, in consideration of the premises contained herein, the Parties agree as follows:

1. Parties acknowledge and confirm it is their explicit intention to form an independent volunteer relationship and not that of an employer-employee.

2. Parties acknowledge and confirm the “Owner” will not be held liable for any injuries sustained while on the premises or while volunteering.

3. The “Volunteer” understands and confirms that he/she will under no circumstances come into contact with the parties/customers visiting the haunted attraction.

4. The “Volunteer” understands and confirms that he/she will under no circumstances open, own or operate a haunted attraction within 30 miles of Field of Corpses within 5 years of the date stated above.

5. The “Volunteer” understands that under the terms of being a Volunteer the “Owner” is not responsible for providing any monetary compensation.

6. The “Owner” understands and the “Volunteer” hereby affirms that it is regularly engaged in the business of acting in a haunted attraction; and that the “volunteer” provides these services to other parties and it is otherwise an independent contractor/volunteer for all purposes to this Agreement.

DISCLOSER: VOLUNTEER IS NOT ENTITLED TO WORKERS COMPENSATION BENEFITS OR UNEMPLOYMENT INSURANCE BENEFITS.

X ________________________________________ ____________
Parent/Guardian Signature Date

X ________________________________________ ____________
Volunterer Signature Date

NOTE: Orientation and training for volunteers will take place
Monday Sept. 29 and Tuesday Sept. 30 at 6:00 PM rain or shine.

**AUTHORIZATION FOR TREATMENT OF MINOR**

DATE___________________________

I, ________________________________________, the parent or legal guardian of ____________________________________________, give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Colorado physician should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow: (If non, so state)

This Authorization is effective for the following time period:

____________________________________________ to ____________________________________________

Father's signature (or legal guardian) | Mother's signature

Parent's Name (print)

Street

City | State | Zip

Phone Number

Father's (or legal guardian) Work Place | Address | Phone

Mother's Work Place | Address | Phone

Other Contact Person (name & relation) | Address | Phone

**MINOR'S MEDICAL INFORMATION (please print)**

**Minor's Name** ____________________________________ **Birthdate** ________________________________________

**Known Chronic Illness(s)** __________________________ **Date of last Tetanus Shot** ___________________________

**Allergies** __________________________________________ **Medications** ______________________________________

**Family Doctor** ______________________________________ **Medical Insurance Carrier** ___________________________

**Insured Member's Name** ____________________________ **Policy Number** ____________________________________

**Hospital Preference / Phone number** _________________ **Ambulance / Phone number** _______________________

**Name of Hospital Where Treated Before** ___________________________________________