

Silver Leaf Renaissance Faire Application

Today's Date: ____/____/____

First Name: _____ Last Name: _____

Email Address: _____@_____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____

Birth date: ____/____/____

Who referred you? _____

Are you employed? YES NO Employer: _____

Student: YES NO SCHOOL: _____ Graduation date ____/____/____

Emergency Contact Information:

Name/Relationship: _____ Phone: _____

1. Do you have any special needs/medical issues? YES NO

If yes, please explain:

2. Have you ever been convicted of a Felony? YES NO

If yes, please explain:

3. Are you considering Volunteer Opportunities? YES NO

The following are available volunteer opportunities. Please rate your interest on a scale of 1 to 5, 1 being "extremely interested" and 5 being "not at all interested:"

Site/Sanitation	<input type="checkbox"/>
Vendor	<input type="checkbox"/>
Front Gate	<input type="checkbox"/>
Parking	<input type="checkbox"/>
Remembrance Booth	<input type="checkbox"/>
Castle Games	<input type="checkbox"/>
EMT	<input type="checkbox"/>
Security	<input type="checkbox"/>

4. Are you considering Internship Opportunities? YES NO

Which Area? _____

5. Are you considering seasonal employment? YES NO

If yes, please only check this box if you are over the age of 18.

Ticket Booth

Why do you wish to become part of the Silver Leaf Renaissance Faire?

How comfortable would you be working with our guests?

What special skills or hobbies would you be willing to share with SLRF Productions, Inc?

Do you have any friends or family that would like to know more about volunteering for SLRF Productions, Inc?
We would love to contact them with more information!

Name:

Primary Phone:

E-mail:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SLRF Productions, Inc. reserves the right to refuse or dismiss any intern, seasonal worker or volunteer at any time, for any reason, at the discretion of its management team.

Liability/Photo Release Form
and
Agreement to Comply by SLRF Productions, Inc. Regulations

I have read the Rules of Behavior and Etiquette for SLRF Productions, Inc. participants, and the Handbook. I understand these rules and guidelines and agree to abide by them while acting in any capacity or presenting myself as a representative of SLRF.

Furthermore, I agree to release and hold blameless SLRF Productions, Inc and the Calhoun County Parks for any injury or damage caused to me by my own acts or the acts of others while engaged in any Silver Leaf Faire activity. In addition, I also release SLRF Productions, Inc. and Calhoun County Parks from any and all liability in the event of accident, damage, or theft which occurs while on any SLRF or County Park premises.

In addition, any item lent to me by SLRF Productions, Inc. will be returned clean and in good repair. I understand that I may be charged a replacement fee for any item damaged while in my possession.

I also agree not to carry a weapon while engaging in SLRF Productions, Inc. activities unless it is properly peace-tied. Persons carrying weapons that are not secured must peace tie the weapon immediately or exit the faire. Persons under the age of 18 are not allowed to carry any weapon at any time.

I also understand that by signing this release I am, without payment or reimbursement of any kind to me, granting SLRF the full rights to use for any purpose any image, video, voice, sound, performance, or other activity which occurs on SLRF property or at SLRF events in which I may appear.

All the statements I have completed and questions answered on this document are true.

Signature

Date

I have read the paragraphs above. I understand these rules and guidelines and agree to them while my **son/daughter** is acting in any capacity as a representative of the SLRF Productions, Inc. I also understand my son/daughter will be signing the above form in order to participate in the SLRF Productions, Inc. and its activities.

I also understand that by signing this release I am, without payment or reimbursement of any kind to me, granting SLRF Productions, Inc. the full rights to use for any purposes any image, video, voice, sound, performance, or other activity which occurs on SLRF property or at SLRF events in which my child may appear.

I understand that by signing this form, I give my son/daughter permission to participate in SLRF Productions, Inc. and its activities, without payment or liability. I understand that I am solely responsible for my child, their well being, and their actions when participating in SLRF activities.

All the statements I have completed and questions answered on this document are true.

Signature of responsible parent/guardian

Date

When you have finished filling out this form you may turn it in at one of the Friends of Kimball Pines Park Meetings or mail it to:

Silver Leaf Renaissance Faire
Attn: Community Relations
P. O. Box 2346
Portage, MI 49081-2346