

**The Haunt 2016**  
**SIGN UP FORM / RELEASE OF LIABILITY**

KNOW ALL PERSONS BY THESE PRESENTS:

That I, the undersigned for and in return for sufficient, good and valuable consideration for any and all volunteer work including but not limited to set construction, set decorating, painting, acting, makeup work, cleaning, security, and concession operation the receipt and sufficiency of which is hereby acknowledged, do hereby release and forever discharge TNT terrors LLC, and Mid State Scare, any and all TNT Terrors LLC, and Mid State Scare event hosts, their agents, servants, employees, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability from any and all actions, causes of action, lawsuits, claims and demands which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages that may develop in the future, as a result of or any way relating to the following: Any and all theatrical projects including any construction work, acting, or any other volunteer work or bi-product thereof.

It is understood and agreed that this release is made in full and complete settlement and all satisfaction of the aforesaid actions, causes of action, claims and demands; that this Release contains the entire agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his/her respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of California.

I have read and fully considered all of the terms and statements contained in this release before affixing my signature.

Releaser's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian if under 18 \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_