

Old Town Playhouse, Inc. (OTP)

148 E Eighth St, Traverse City, MI 49684 | 231-947-2210 | office@oldtownplayhouse.com

Volunteer Agreement

RELEASE OF LIABILITY - The undersigned on behalf of themselves and their minor children, named below, (hereafter collectively and individually referred to as the "Releasers"), acknowledges that Releasers may participate in activities involving risk of injury to person or property, and that they assume all responsibility for all such risk. Other than as set forth below, the undersigned certifies that each of the Releasers is in good health, with no condition, illness or abnormality which might subject them to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, OTP is hereby authorized to use its best efforts to obtain whatever medical treatment is deemed necessary or appropriate under the circumstance, without regard to location.

To the extent permitted by law, the undersigned on behalf of the Releasers hereby specifically releases, waives, discharges and covenants not to sue OTP with respect to any or all liability to the Releasers, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, unless caused by the gross negligence or willful misconduct of OTP while Releasers are in, on or about any premises of OTP or using any of the facilities or equipment or participating in any program affiliated with OTP without regard to location.

The undersigned agrees that this Release of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Michigan and if any portion is held invalid the balance shall continue in full force and effect. The undersigned understands that OTP has the right to dismiss any person whose actions or attitude are deemed detrimental to OTP and/or other participants of OTP.

MEDIA RELEASE - I consent and agree that OTP, its employees, or agents have the right to take photographs, videotape, or digital recording of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting OTP, its shows and volunteers. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I hereby release to OTP, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any right, claims or interest I may have to control the use of my identity or likeness in whatever media used, in connection with OTP. I further waive any right I may have to any compensation for said use.

RECEIPT OF PRODUCTION MANUAL - By signing below, I am acknowledging that I have received and read the Old Town Playhouse (OTP) Production Manual and Volunteer Handbook (the "Manual") available on the OTP website at oldtownplayhouse.com/engage/production-manual. I had the opportunity to ask questions regarding the Manual.

I understand that volunteers who do not adhere to the boundaries, procedures, and/or expectations of the Old Town Playhouse may have their ability to volunteer with OTP limited, restricted, and/or ended, at any time, in OTP's sole discretion, including but not limited to: canceling a rehearsal; canceling or postponing a production; reassigning roles or duties; and dismissing or replacing members of the cast, crew, and/or production management team.

ACKNOWLEDGMENT - I have had sufficient time to read this Volunteer Agreement and if I choose to do so consult with an attorney prior to signing. I understand that participation might not be made available to me if I choose not to sign this release. I have read and understand this document and I agree to be bound by its terms. If, Releaser is a minor under the age of 18, the parent or guardian agrees on behalf of the minor. ALL INFORMATION REQUESTED BELOW IS REQUIRED.

_____	_____	_____
Print Volunteer Name	Volunteer Signature (if 18 years or older)	Date
_____	_____	_____
Print Parent/Legal Guardian Name (if volunteer is under 18)	Parent/Legal Guardian Signature	Date
_____	_____	_____
Address	City	State
_____	_____	_____
Email	Phone	

NOTE: Old Town Playhouse does not share, sell, or disclose volunteer contact information to any third party.