



SECURITY/OPS VOLUNTEER AGREEMENT & WAIVER

PLEASE TYPE OR PRINT LEGIBLY

This is to certify that I have freely volunteered my services to the aforementioned convention. I understand that I will receive no payment for my time. I agree that in all cases the convention shall not be held liable for damage to myself or any property in my care or custody unless due to gross negligence on the part of the convention. In order to work as an official Security person during the convention, I attest that I am eighteen (18) years of age or older.

Name: _____ Badge #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Type or Sign Signature: _____ Date: _____

MINORS

This is to certify that I am the legal guardian off/or parent having custody of the minor signing above and that I have studied the above agreement by my minor and that I grant permission for said minor to serve as a volunteer under the terms above.

Type or Sign Signature: _____ Date: _____

ACTIVITY	DATE	TIME IN	TIME OUT	TOTAL TIME	STAFF INITS.

Actions / Incidents / Comments: _____

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Actions / Incidents / Comments: _____

Comments: _____ Received by: _____