



PHILCON VOLUNTEER RELEASE FORM

THIS IS A RELEASE. PLEASE READ IT CAREFULLY

I am volunteering to do work as part of the staff of PHILCON. I understand that I will receive no payment for anything I do at or in connection with PHILCON. In addition, I understand and agree that I am not an employee, and I will not be entitled to and will not receive any Workers' Compensation benefits or other similar payments under the law of any state in the event I am injured while performing tasks as a volunteer.

I agree to indemnify and hold harmless PHILCON and the Philadelphia Science Fiction Society of, from and against any claim for personal injuries or other kind of damages or equity arising out of my activities at PHILCON.

I have read the above one (1) page release and state that I understand it and am voluntarily signing it without any inducement or representation from any member of the committee or any other person associated with Philcon or the Philadelphia Science Fiction Society whatsoever.

Signature: _____

Printed Name: _____ Cell Phone: _____

Date: _____ E-Mail: _____

If the volunteer is under eighteen (18) years of age, I represent that I am the parent or guardian of the minor volunteer and I consent to my child working for PHILCON and agree to the terms and conditions as stated above.

SIGNED, PARENT OR GUARDIAN OF VOLUNTEER:

Printed Name: _____

Signature: _____