

## El Paso Comic Con Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

I am available for the following days (please check all that apply and note that shift times and assignments may vary)

Friday:	YES	NO	Setup:	YES	NO
Saturday:	YES	NO	_____:	YES	NO
Sunday:	YES	NO	_____:	YES	NO
			Breakdown:	YES	NO

Have you ever volunteered with El Paso Comic Con before? YES NO

What other shows have you volunteered for and what was your position?

I understand and have read this application and if chosen, agree to participate in the event and attend this function. In consideration for being accepted as a volunteer, I irrevocably grant El Paso Comic Con and all its employees, sponsors, and agents the exclusive right to use my name, likeness, photos or reproduction of my involvement of any purpose, including promotion, advertising, or otherwise. With these rights, I hereby release El Paso Comic Con and all its employees, sponsor and agents from any and all claims, liabilities and/or damages which may now or in the future arise by reason of such use. Further, I acknowledge that I am/are aware of the risks associated with the participation of this event and on my behalf and that of my heirs', do hereby release El Paso Comic Con and all its employees, sponsors and agents, from all claims, liabilities, and/or damages on account of any personal injury or property damage which may occur from any cause before, during or after the event.

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