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MARGATE PLAYERS VOLUNTEER INTEREST FORM

Name _____

Email _____

Phone _____
Cell Home

Artistic Experience: _____

Sewing Experience: _____

Theatre Experience: _____

How else are you interested in helping? _____

Please finish completing form on reverse side.

MARGATE PLAYERS VOLUNTEER INTEREST FORM

Emergency Contact _____

Phone Number _____

Special Medical Information _____

AVAILABILITY

Please list any conflicts: _____

Waiver and Release:

I hereby accept full responsibility for participation. I waive and release any and all claims for damages against the sponsoring organization of whatsoever kind, their agents or representative, for any and all injuries sustained while participating in Margate Players Community Theater program activities. I further waive and release the owners of any building or structure that the program may be housed within. By my signature, I hereby acknowledge reading and understanding this waiver.

Margate Players is a non-profit organization; any discussions, comments, or statements made between actors, cast members, volunteers, or parents is not the responsibility of nor does it represent the views of the Margate Players Community Theater Group.

If Signed by Parent or Guardian: I verify that the risks associated with these activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Participant Signature (If under 18, Parent Signature)

Date