

NKCHS Renaissance Festival Worker Information

A Worker Information Form must be completed by anyone working at the Renaissance Festival. Completed forms can be placed in an envelope labeled "Ren Fest" in the white cabinet in the band room office or scanned and emailed to Renfest_nkchbandboosters@yahoo.com

IS VERY IMPORTANT THAT YOU PRINT CLEAR AND LEGIBLE PLEASE

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Personal Information:

Name: _____ Email: _____

Phone: _____ Age 14-15 Age 16-17 Age 18-20 Age 21+

Emergency Contact: _____ Phone: _____

Optional Carpool Information: I need a ride to RF I can give a ride to RF

Working for:

Self Band Student or Group: _____

Type of Student or Group: Band Guard Orchestra Choir Theatre

Relationship to Student (If not self): Parent/Guardian Relative Friend Other___

Availability:

Day(s) Available: Any Saturday Sunday Monday (Labor Day &/or Columbus Day)

Shift(s) Available: Any Open Midday Afternoon/Evening Close On-Call

Kansas City Renaissance Festival Worker's Compensation Insurance Wavier

I hereby make the following representation:

1. I am a Volunteer.
2. Pursuant to my understanding of the laws and regulations that govern Worker's Compensation in this state, I understand that I am not subject to the Worker's Compensation laws of this state.
3. I am NOT an EMPLOYEE.

Based on the foregoing representations, I hereby certify that I have voluntarily chosen NOT to obtain Worker's Compensation insurance for myself, and I acknowledge and agree that Mid-American Festivals Corp. has no obligation to provide such Worker's Compensation coverage on my behalf.

Print Name _____

Signature of Volunteer _____

Parent/Guardian Signature (if worker is under 18) _____

Date of Signature _____

Sexual Harassment and Discrimination Policy

By signing below, I attest that I have read the Mid-American Festivals Corp ("Festival") Policy against Harassment and Discrimination and agree to abide by it. I understand that by violating this policy I may not be allowed to participate in this fundraising activity.

Signature: _____ Date: _____