

## 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](mailto: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: \_\_\_\_\_