

LAKEVILLE HAUNTED HOUSE

www.LakevilleHauntedHouse.com (508) 923-0053

2017 INSURANCE FORM

This form must be completed and returned before any work can be performed by the volunteer.

Volunteer Name: _____

Address: _____

Telephone: Home: _____ / Work: _____

Type of Insurance: _____

Policy Number: _____

Emergency Contact Person: _____

Contact Telephone: _____

If you do not have insurance coverage, please sign the waiver below:

I _____ will not hold the Lakeville Haunted House Committee or the Town of Lakeville responsible in case of any injury that may occur while I volunteer at the Lakeville Haunted House.

Signature of Volunteer: _____ Date: _____

Signature of Guardian: _____ Date: _____
(if volunteer still covered under your insurance plan)