



**DELPHI
OPERA
HOUSE**

DELPHI OPERA HOUSE, INC.

109 S. Washington St
Delphi, In 46923

DELPHI OPERA HOUSE, INC. VOLUNTEER RELEASE FORM

Full Name:

Address:

I, [Full Name], knowingly and willingly consent to participate as a volunteer at the Delphi Opera House, Inc. (DOHI). I understand and agree to the following terms and conditions:

1. I acknowledge that I will not enter into a contractual relationship with DOHI and will not receive monetary compensation for my volunteer work.
2. Participation in DOHI events or hosted events, such as plays and concerts, does not count as volunteer hours.
3. I consent to DOHI collecting my information — up to and including first and last name, phone number, email address, and home address — for the primary purpose of contacting me regarding volunteer opportunities.
7. I waive all liability for DOHI in relation to injuries, including but not limited to injuries resulting in death, during participation in volunteer activities. I accept liability for any damages caused during my volunteer service.
8. I will provide at least 1, but up to 3 emergency contacts for myself.
9. I grant DOHI the right to record, photograph, and use my likeness in press, promotional materials, and any other manner DOHI deems appropriate. DOHI shall have sole ownership of these materials.

By signing below, I acknowledge that I have read and understand the terms and conditions outlined in this release document and agree to abide by them.

Full Name

Signature

Date Signed



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DELPHI OPERA HOUSE, INC. VOLUNTEER CONTACT FORM

First Name: _____

Last Name: _____

Home Address: _____

Email Address: : _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

Preferred form of contact(check all that apply): [] Home [] Mobile [] Email

Full Name

Signature

Date Signed



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DELPHI OPERA HOUSE, INC. EMERGENCY CONTACT FORM

Please fill out the following information to provide emergency contacts in case of unforeseen events or emergencies. This information will be kept confidential and used only for emergency purposes.

****Personal Information:****

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

****Primary Emergency Contact:****

Full Name: _____

Relationship: _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

****Secondary Emergency Contact:****

Full Name: _____

Relationship: _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

Tertiary Emergency Contact:*

Full Name: _____

Relationship: _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____



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DELPHI OPERA HOUSE, INC. EMERGENCY CONTACT FORM (CONT.)

****Medical Information (if applicable):****

Known Allergies: _____

Medical Conditions: _____

Medications (if any): _____

****Additional Notes or Special Instructions:****

****Authorization:****

I, [Your Full Name], authorize the use of the above emergency contact information for emergency purposes. I understand that this information will be kept confidential and used only in case of an emergency.

Please keep a copy of this form in a safe and easily accessible place. Update the information as needed to ensure its accuracy.

Full Name

Signature

Date Signed