



DELPHI
OPERA
HOUSE

DELPHI OPERA HOUSE, INC.

109 S. Washington St
Delphi, In 46923

DELPHI OPERA HOUSE, INC. VOLUNTEER RELEASE FORM

Student Name:

Address:

Course and Year Level:

I, [Parent/Guardian's Full Name], knowingly and willingly consent to allow my child, [Child's Full Name], to participate as a volunteer at the Delphi Opera House, Inc. (DOHI). I understand and agree to the following terms and conditions:

1. DOHI models its volunteer operations in compliance with applicable state child labor laws. I acknowledge that my child will not enter into a contractual relationship with DOHI and will not receive monetary compensation for their volunteer work.
2. If my child is aged 14-15, they may volunteer between the hours of 7 am and 7 pm, provided it does not conflict with their school hours, unless their school has granted explicit approval for volunteering during school hours. From June 1st to Labor Day, 14-15 year olds may volunteer until 9 pm on nights not followed by a school day. Volunteers shifts will not exceed three hours on a school day and eight hours on a non-school day. During school weeks, they may volunteer up to 18 hours; non-school weeks allow for up to 40 hours of volunteering.
3. Volunteers aged 16-17 may not volunteer for more than 6 consecutive days. During school weeks, they may volunteer for up to 40 hours; non-school weeks allow for up to 48 hours of volunteering. Shifts shall not exceed 9 hours, and volunteering may not extend past 10 pm on a school night without my explicit permission, in which case they may volunteer until 11 pm. Non-school nights do not have a specific end time.
4. 16-17 year-old volunteers shall not volunteer between 10 pm-6 am without the presence of an employee, member, or volunteer aged 18 or older. Volunteer shifts will not start between the hours of 12 am-6 am. They do not require school approval to volunteer during these hours if the dates fall on weekends or holidays when the school is closed.
5. Participation in DOHI events or hosted events, such as plays and concerts, does not count as volunteer hours.
6. I consent to DOHI collecting information from my child, such as their first and last name, email address, and home address, for the sole purpose of contacting them regarding volunteer opportunities. I may also provide my own email address and phone number for contact purposes.



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DELPHI OPERA HOUSE, INC. VOLUNTEER RELEASE FORM (CONT.)

7. I waive all liability for DOHI in relation to injuries, including but not limited to injuries resulting in death, to my child during their participation in volunteer activities. I accept liability for any damages caused by my child during their volunteer service.

8. I will provide at least 1, but up to 3 emergency contacts for my child.

9. I grant DOHI the right to record, photograph, and use my child's 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.

Parent/Guardian's Full Name

Signature

Date Signed

Student's Full Name

Signature

Date Signed



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DELPHI OPERA HOUSE, INC. VOLUNTEER CONTACT FORM

****For Child**

First Name: _____

Last Name: _____

Home Address: _____

Email Address: : _____

[] By marking here, I am choosing to opt my child out of direct communication with DOHI. All volunteering opportunities will be sent in my name to contact information below. I understand that I will have to communicate and confirm volunteering with DOHI on behalf of my child.

****For parent contact**

First Name: _____

Last Name: _____

Relationship to Child: _____

Home Address: _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

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

Parent/Guardian's Full Name

Signature

Date Signed

Student's 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:****

****For Child**

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Full Name: _____

Relationship to Child: _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

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

Full Name: _____

Relationship to Child: _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

Tertiary Emergency Contact:*

Full Name: _____

Relationship to Child: _____

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.

Parent/Guardian's Full Name

Signature

Date Signed

Student's Full Name

Date Signed