



P.O. Box 2137
Leavenworth WA 98826
Phone: 509-888-4181
uppervalleyconnection@gmail.com
www.uppervalleyconnection.org

2024 UVC Theater Camp Volunteer Contract

I would like to volunteer for Upper Valley Connection's 2024 Theater Camp.

I agree to attend every necessary session of the camp as shown in the schedule, including Sunday's orientation and rehearsal, as I realize that my full participation is necessary to the success of our play.

In consideration for participation, I hereby release and waive any claim, cause or action which may accrue against Upper Valley Connection, any employee thereof, or any other persons acting with their permission, arising from injury or illness, including contraction of any communicable diseases, during my participation in Upper Valley Connection activities.

I give permission to have my picture taken during the rehearsals and production of this play, for the sake of promotion and publicity both in print and electronic format (i.e. webpage, social media, etc).

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

T-Shirt size (unisex): _____

I would like to volunteer as a(n):

- Actor Shadow
- Stage Crew
- Costume Assistant
- Other: _____

I have experience in:

- Theatre
- Music
- Dance
- Other: _____

Volunteer Signature

Date

Parent/Guardian Signature (if I am under 18)

Date