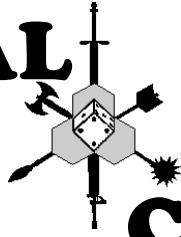


TOTAL



CONFUSION_{LLC}

VOLUNTEER APPLICATION

**PLEASE COMPLETE
THE APPLICATION FORM
AND
MAIL TO:**

**TOTAL CONFUSION_{LLC}
C/O MICHELLE GRAHAM
PO BOX 70585
WORCESTER, MA 01607
Email: [truthfromchaos@totalcon
.com](mailto:truthfromchaos@totalcon.com)**

TOTAL CONFUSION_{LLC} 2008 VOLUNTEER APPLICATION

First Name: _____ Last Name: _____

Address: _____ City: _____

State/Zip: _____ Telephone: _____

Email: _____

Please indicate when you would be available. This is not a definite time just an approximation for planning purposes.

Date	Morning 8am- 12pm	Afternoon 12pm- 4pm	Evening 4pm- 8pm	Night 8pm- 12am
Thursday Feb. 21, 2008				
Friday Feb. 22, 2008				
Saturday Feb 23, 2008				
Sunday Feb. 24, 2008			N/A	N/A

*Shifts may vary in length and time.

Important Information

- Applications should be emailed to Michelle Graham via michelle@totalcon.com or mailed to Total Confusion llc.
- Volunteers must be 14 years of age or older.
- Volunteers must report to Registration Headquarters for assignments and badges.
- Deadline to submit by email is February 2nd 2008.
- If you miss the deadline fill the sheet out and volunteer on-site in Registration Headquarters.
- If you are a minor (age 14-17) you must have a parent/guardian fill out and sign the parental consent form included.

VOLUNTEER MEDICAL WAIVER AND INDEMNITY AGREEMENT

I understand and agree that I am responsible for providing my own food, transportation and lodging. In the event of an accident or injury while volunteering for Total Confusion llc, I authorize Total Confusion llc to seek and obtain medical treatment. Furthermore, I agree to indemnify, defend and hold harmless Total Confusion llc from all damages, losses, claims, liabilities, charges, suits, penalties costs and/ or expenses, including but not limited to court costs, attorneys' fees and expenses, resulting from any act (whether intentional or not), omission or negligence of any injury to myself.

Signature of Volunteer _____

PARENTEAL CONSENT, MEDICAL WAIVER AND INDEMNITY AGREEMENT

I, _____ (name), warrant that I am the parent or guardian having legal custody of _____ (name of Minor), who was born on _____.

I understand and agree that Minor has the intention of volunteering fo Total Confusion llc. I agree and consent to Minor’s participation at Total Confusion llc. I understand and agree that Total Confusion llc is not responsible for providing food, transportation and lodging for Minor. In the event of an accident or injury to Minorwhile volunteering for Total Confusion llc, I authorize Total Confusion llc to seek and obtain medical treatment for Minor. This authority granted by this Parenteal Consent, Medical Waiver and Indemnity Agreement includes the authority to consent to any medical treatment and/or care to be rendered by Minor under the general and/or specific supervision of a qualified physician or surgeon. Furthermore, I agree to indemnify , defend and hold harmless Total Confusion llc from all damages, losses, claims, liabilities, charges, suits, penalties costs and/or expenses, including but not limited to court costs, attorneys’ fees and expenses, resulting from any act (whether intentional or not), omission or negligence of Minor and/or from any injury occurring to Minor.

Signature of Parent/guardian_____

Contact Phone (if different from above)_____

EMERGENCY CONTACT INFORMATION

Name_____ Phone_____

Relationship to Minor_____