

PRODUCTION ASSISTANT AGREEMENT

NAME: _____
Please Print

EVENT: NALIP Conference 8 ~ 2007, Newport Beach, CA.

Email: _____
Please Print Clearly

Phone: _____
Please Print

PROVIDING THE FOLLOWING INFORMATION IN THIS BOX IS NECESSARY FOR EACH APPLICANT

*EMERGENCY CONTACT: _____ *PHONE: _____

RELATIONSHIP TO VOLUNTEER: _____

*MEDICAL INSURANCE PROVIDER: _____

*INSURANCE ID NUMBER: _____ ***required**

*ALLERGIES: _____

PRODUCTION ASSISTANT

Production Assistant(s) (also known as Volunteer(s)) of the National Association of Latino Independent Producers (NALIP) serve as administrative support staff and public representatives of NALIP during the National Conference. Production Assistants agree to maintain professional relationships with all individuals, and agree to be aware of personal conduct at all times. **Production Assistants are required to register for the conference at a discounted rate.***

Production Assistants will report any loss, injury or unusual incident to the Volunteer Coordinator or a staff member. All Production Assistants under 18 years of age must have parent or legal guardian complete this agreement for minor's participation as a production assistant. If under 18 years of age, please provide date of birth: ____/____/____

REQUEST FOR SPECIFIC PRODUCTION ASSISTANT DUTIES: _____

AVAILABLE DAY/HOURS PRE-CONFERENCE: _____

	March 7 Wednesday	March 8 Thursday	March 9 Friday	March 10 Saturday	March 11 Sunday
Conference Availability:	?? _____	?? _____	?? _____	?? _____	N/A _____

TOTAL HOURS: ATLEAST 8 Hrs Wed-Saturday (of which 4 on Fri or Sat)

I hereby agree to complete all my scheduled shift(s), and to support the NALIP staff in a responsible and professional manner.

I hereby release the NALIP organization and its administrators, organizers, staff, volunteers, and any other person or persons acting on behalf of NALIP from any claims arising from my work with NALIP.

I also agree that NALIP holds no responsibility for the outcome of any relationship that may or may not form between myself and another person that I might meet through NALIP (Business or personal.) In accepting a meet with another member/participant within a NALIP-sponsored activity or social event during the conference, and/or on my own time, I take sole responsibility for any actions that might occur during that date or meeting, and agree to hold NALIP free from any claims or liability.

NALIP CONFERENCE 8 PRODUCTION ASSISTANT

P.A. Signature **Date**

Parent/ Legal Guardian Signature **Date**
(If PA is less than 18 years of age)

Any Comments/ Questions, Please contact:
Miguel Mouchess, Volunteer Coordinator
miguel.mouchess@fox.com

Make Check Payable to: **NALIP**
Check Reference: **PA Program 2007**
Amount: **\$110**
Mail: **NALIP (attn: Volunteer)**
PO Box 1247
Santa Monica, CA 90406