



Staff Waiver Form

NAME: _____
First Name Last Name

ADDRESS: _____

CITY: _____ STATE: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

STAFF POSITION: _____

What are your areas of expertise? (For Example: People person, Tech Knowledge)

LEGAL WAIVER

I understand and agree that my hours worked for ANIME LOS ANGELES are voluntary and unpaid. In the event of an accident involving myself at ANIME LOS ANGELES, I will not hold ANIME LOS ANGELES or any of their respective personnel or agents responsible or liable.

SIGNED: _____ DATE: _____

I, the undersigned, agree to allow my child to work at ANIME LOS ANGELES as an unpaid volunteer, and I will not hold ANIME LOS ANGELES or their respective personnel or agents liable in the event that my child is involved in an accident at ANIME LOS ANGELES.

SIGNED: _____ DATE: _____