



Student Volunteer Application (18 years or younger)

Broadway Magic Foundation is a Florida non-profit. Please print or type. Two-page application must be filled out for consideration. Parent and student signature required on both pages. All information is used for proper volunteer placement. Email completed form to info@broadwaymagic.org.

STUDENT SECTION

Student Name: _____ DOB: _____ Email: _____

Address: _____ City: _____ Zip: _____

Student Phone: _____ Grade: _____ School: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

I am a Stagelights PAC student*: Yes No *Volunteers do not need to be a Stagelights PAC student.

If you are a Stagelights or Broadway Magic Foundation Referral, enter who referred you: _____

Do you have performing arts training? If so, check all that apply**: **Not required but preferred in some postings.

Dance Voice Acting Triple Threat None

Type of volunteer hours you prefer. Check all that apply:

Camp Counselor Stage Manager Sound Manager (experience required)

Show Backstage (assist younger students) Event Helper (i.e., concessions, ushers, set up/tear down, etc.)

Student Pledge: I agree to fulfill the duties and time commitment as provided to me by Broadway Magic Foundation Inc. I will provide adequate notice if I am unable to meet my commitments. I understand that as a volunteer that I will receive no monetary compensation. I am responsible for following my school's and my school district's rules for submission and approval of volunteer hours, including using appropriate systems and submitting in advance of volunteer day, as applicable. I understand that show/event performers are not eligible for volunteer hours.

Student Signature: _____ Date: _____

PARENT/GUARDIAN SECTION – REQUIRED FOR ALL STUDENTS IN 12TH GRADE OR BELOW

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Who do we contact about service hours? Check **one** option. Parent/Guardian Child/Ward Both

Parent/Guardian Consent: I give permission for _____ (enter child's name) to serve as a volunteer for Broadway Magic Foundation. I understand that he/she will not receive monetary compensation for his/her services. We have accident insurance with _____ (name of insurance company) which will cover my child/ward in the event of injury in this activity. I will assume responsibility for expenses incurred as the result of any injury my child/ward might suffer while participating in this activity. I understand my child/ward is responsible for following our school and district rules for submission and approval of volunteer hours. I understand that Broadway Magic Foundation makes no claims that volunteer hours worked at Broadway Magic Foundation will be approved by our school or school district.

Parent/Guardian Signature: _____ Date: _____



Student Volunteer Waivers and Releases (18 years or younger)

This page is required for all Student Volunteer Applications. Parent and student signature required on both pages. Broadway Magic Foundation is a Florida non-profit. We collaborate with Stagelights Performing Arts Center who produces shows for the events we host.

Liability Release

I hereby agree to release Lisa Ferlita, Stagelights Performing Arts Center, non-profit Broadway Magic Foundation Inc. and hold Lisa Ferlita, all affiliated instructors, and all affiliated board of directors involved harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of participation in volunteer hours. I hereby release and agree to hold Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the performing arts school or non-profit, or that may otherwise arise in any way in connection with any volunteer hours performed related from Stagelights Performing Arts Center LLC production and affiliate non-profit Broadway Magic Foundation Inc. event/program. I am aware of this release of liability and the acknowledgement of my voluntary and knowing assumption of the risk of injury. I understand that this release discharges Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. from any liability or claim that I, my heirs, or any personal representatives may have. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. If I am a minor, my parent and/or legal guardian has also signed this document releasing Lisa Ferlita, Stagelights Performing Arts Center, non-profit Broadway Magic Foundation Inc, and all affiliated instructors and board of directors involved, from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks inherent to this activity.

COVID Notice and Release

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, teaching staff, and our clients and their families. I voluntarily seek volunteer hours which may overlap with services provided by Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my volunteer hours.

Media Release

I give Stagelights Performing Arts Center and its affiliate non-profit organization Broadway Magic Foundation Inc. permission to use my child's/ward's picture and/or video clips in or on any form of advertisement for the performing arts center, Stagelights Performing Arts Center, Broadway Magic Foundation Inc, and Stagelights Performing Arts Center affiliated event including, but not limited to, Broadway Magic Foundation Inc. events and programs. If I do not want my photo used, I must indicate by checking box. I do not want photos to be used publicly.

By signing below, I agree to and acknowledge the terms and releases stated within the Liability Release, the COVID Notice and Release, and Media Release.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____