

**BIG Concessions  
Volunteer Acknowledgement Form**



I hereby acknowledge that I am serving as a volunteer/independent contractor and not as an employee of the Bloomington Amateur Hockey Association (BAHA). I understand BAHA will not be responsible for any injuries I may sustain as a volunteer in the concession operations requiring medical or other services. I also acknowledge that I have adequate medical insurance or coverage in the event I sustain injuries as a volunteer for BAHA. In addition, I understand that I am wholly and solely responsible for any/all tax obligation &/or liability that I may incur while doing work in the capacity of the position of BIG Concessions Volunteer/Independent Contractor.

**Please print the following information legibly:**

Print Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Skater Name & Level: \_\_\_\_\_

Skater Name & Level: \_\_\_\_\_

Skater Name & Level: \_\_\_\_\_

Skater Name & Level: \_\_\_\_\_

I have read and understand the policies, procedures, and requirements of being a BIG Concessions Volunteer/Independent Contractor. This volunteer form will be in effect starting with the date of signature and will continue until I am no longer a volunteer in the BIG Concession Stand.

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(Signature of the applicant/contractor)

Permission to use your name, phone numbers and email for a concession phone list:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your completed form to the address shown below, or bring it to the concession stand.

BAHA Director of Concessions  
Attn: Concessions Director  
PO Box 201528  
Bloomington, MN 55420