

GROUP MEMBER ACKNOWLEDGEMENT OF WORKPLACE SAFETY REQUIREMENTS

I, (print name): _____, hereby acknowledge and agree that I have received and understand the Delaware North COVID 19 health and safety training. I further acknowledge that I have been informed of the group member health and safety requirements to minimize the risk of exposure to infectious disease, including COVID-19, in the workplace, for which policies are set forth in the Delaware North COVID-19 handbook and were developed in accordance with CDC guidelines. I understand and agree to abide by the Company's COVID-19 health and safety policies and social distancing protocol set forth in the training and Handbook.

I understand and agree that I **will not** come to volunteer at Great American Ball Park and **will** stay home and contact my group leader for further instructions if I:

- Am diagnosed with COVID-19.
- Have had symptoms of COVID-19 identified by the CDC, which include cough or shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell in the last 14 days.
- Have had close personal contact (6 feet or less for 10 minutes or more) with someone with a confirmed or suspected case of COVID-19.

I understand that I will be screened on a daily basis for such symptoms and risk factors.

When volunteering at Great American Ball Park, I acknowledge that it is Company policy and I agree to do the following:

- Wear a mask or other appropriate face covering at all times in the ballpark.
- Maintain an appropriate social distance of 6 feet apart from co-workers, guests, and others, when feasible.
- Wash my hands often with soap and water. Use hand sanitizer with at least 60% alcohol if soap and water is not available.
- Avoid touching my face as often as possible.
- Sneeze or cough into a tissue or the inside of my elbow.

I understand that COVID-19 is a highly infectious and potentially deadly disease that can be transmitted from person to person. I understand that following company policy and the CDC guidance while I'm in the ballpark will help stop the spread of the disease.

If I see someone in the ballpark who is not following the rules and CDC Guidance or if I have any other concerns about health and safety, I am encouraged to notify my supervisor and HR immediately.

If I have questions or would like to review the Delaware North COVID-19 Handbook, I will ask the Fundraising Group Manager.

Name (print) _____

Group Name _____

Signature _____

Date _____



PCI Associate Acknowledgement

I have read and been given the opportunity to ask any questions and I understand the Credit Card Information Handling Procedures that are referenced in this form as "Procedures". I understand that the Credit Card Information Handling Procedures are a subset of the DNC Information Security Policy and can obtain this policy from my Manager, if requested.

I will adhere in all respects to the Procedures as they apply to my job. I further understand that any violation of the Procedures will subject me to appropriate corrective counseling and / or remedial action, up to and including termination of employment.

I will NOT (if applicable to my role):

1. Obtain or disclose any cardholder's credit card information (full or partial sixteen (16) digit credit card number, three (3) or four (4) digit validation code (usually on the back of credit cards), or PINs (personal identification numbers)) for any purpose other than in connection with the customer's transaction without the cardholder's consent.
2. Access, handle, view, disclose or use in any manner the credit cardholder information outside of my assigned scope of responsibility.
3. Transmit any cardholder's credit card information by e-mail or fax.
4. Place any document that contains cardholder's credit card information in the open where the document can be viewed or obtained by unauthorized personnel.
5. Electronically store on a company computer file or file server any cardholder's credit card information outside of Company's approved software applications and systems.
6. Use a Manual Credit Card Processing Device (i.e. a Knucklebuster) to process credit card payments unless instructed to do so by a member of the management team.
7. Share my password or swipe card for a computer / point-of-sale system or device with any other person.

I WILL (if applicable to my role):

1. Password-protect my computer if I have access to credit card information on a computer.
2. Store all physical documents or storage media containing credit card information in a locked drawer, locked file cabinet, or locked office.
3. Report immediately any credit card security incident to the DNC Associate Hotline at 1-800-441-5845 if I know or suspect credit card information has been accessed, misappropriated, stolen or destroyed without proper authorization.
4. Report immediately any incident in which I believe a fellow associate or an unaffiliated third party has access to, handled, viewed or used credit cardholder data beyond the scope of their responsibility. For example, if I see credit card reports in an area where employees should not be viewing them, I will inform management personnel.
5. Report immediately any credit cards lost or left behind by customers to my immediate supervisor or General Manager. I will physically secure such credit cards until turned over to supervisor or General Manager.

Signature _____

Date signed _____

Print Name _____

Unit Location Name GABP

PCI Associate Acknowledgement **Group Name:**



Associate Acknowledgement Form

I acknowledge that:

- I have received the Delaware North Companies (DNC) Accounting Policies and Procedures and understand that it is my responsibility to read, understand, and comply with the DNC Accounting Policies and Procedures.
- I will seek advice from my supervisor or other members of management in regard to any questions or concerns I may have in order to comply with the DNC Accounting Policies and Procedures.
- I understand that failure to comply with the DNC Accounting Policies and Procedures may result in disciplinary action, up to and including termination of my employment.

The following compliance issues remain outstanding as of the date of this Acknowledgement Form:

Signature

Date

Print Name

CONCESSIONS
Department

GROUP NAME :

VOLUNTEER RELEASE, WAIVER, INDEMNIFICATION, & ARBITRATION AGREEMENT

By signing this Volunteer Release, Waiver, Indemnification, & Arbitration Agreement (the "Agreement"), you, the Participant, waive certain legal rights, including the right to sue. In return for being allowed to participate in volunteer fund raising activities (the "Activity") at or around Great American Ball Park, you agree:

1) **TO WAIVE ALL CLAIMS** that you may have against Cincinnati Sportservice and the Cincinnati Reds and each of their parents, affiliates, owners, employees, agents, volunteers, participants, and successors-in-interest (collectively, "Released Parties"), arising out of your participation in the Activity, expressly including any claims arising from any NEGLIGENT acts or conduct of the Released Parties.

2) **TO ASSUME ALL RISKS** of participating in the Activity, even those caused by the NEGLIGENT acts or conduct of the Released Parties. You understand that the risks of participating in the Activity may be both foreseen and unforeseen and include serious physical injury and/or death and other personal and property damages.

3) **TO RELEASE** the Released Parties from all liability for any loss, damage, injury, death, or expense that you may suffer, arising out of your participation in the Activity, even those caused by the NEGLIGENT acts or conduct of the Released Parties.

4) **TO INDEMNIFY** the Released Parties from all liability for any loss, damage, injury, death, or expense that you may suffer, arising out of participation in the Activity, even those caused by the NEGLIGENT acts or conduct of the Released Parties.

5) **TO ARBITRATION**. You and the Released Parties agree to submit any and all claims arising out of or related to the Activity (if for any reason not waived) to final and binding arbitration pursuant to the Commercial Dispute Resolution Procedures of the American Arbitration Association but excluding the AAA's Supplementary Rules for Class Arbitration. Without limiting the generality of this bilateral agreement to arbitrate, you and the Released Parties agree to arbitrate all statutory and common law claims arising out of or related to the Activity, including but not limited to any negligence or other tort claims, any claims for breach of express or implied contract, any claims for wages or other compensation, and any other claims arising from or related to the Activity. You and the Released Parties agree that arbitration shall be conducted on an individual, non-collective, non-class, and non-representative basis (the "Class Action Waiver"). You understand that you and the Released Parties are waiving the right to a jury trial in court in favor of arbitration. The arbitration shall proceed in the county where the conduct giving rise to the dispute occurred. Nothing in this Agreement shall interfere with any right you may have to file an administrative charge before a governmental agency.

6) **THAT YOU ARE A VOLUNTEER**. You agree that you are participating in the Activity voluntarily, of your own free will and volition, on behalf of [GROUP NAME] in order to assist in meeting its charitable goals and mission. You understand and agree that (i) you are not an employee of Cincinnati Sportservice; (ii) you will not receive any wages, compensation, or employee benefits from Cincinnati Sportservice or [GROUP NAME]; (iii) you are not required to work certain or any hours by Cincinnati Sportservice; (iv) if you are employed by Cincinnati Sportservice, you may not volunteer pursuant to this Agreement, regardless of whether you are a member or otherwise affiliated with [GROUP NAME]; (v) you are not entitled to become an employee of Cincinnati Sportservice in the future; and (vi) you may stop participating in the Activity at any time.

6) **MISCELLANEOUS PROVISIONS**. In entering into this Agreement, you have not relied upon any oral or written representations other than what is set forth in this Agreement. The invalidity of any provision of this Agreement shall not affect the enforceability or effectiveness of any other provision, except that if the Class Action Waiver is for any reason unenforceable, the entire arbitration provision shall be deemed void. You agree that this Agreement shall be effective and binding upon your heirs, next of kin, executors, administrators, assigns, and representatives. You understand that you are obligated to follow the rules of the Activity and that you can minimize risk of injury by using common sense and being alert. If, while participating in the Activity, you observe any unusual hazard, which you believe jeopardizes your personal safety or that of others, you will remove yourself from participation in the Activity and promptly bring the hazard to Cincinnati Sportservice's attention.

I HAVE READ AND HAD A REASONABLE OPPORTUNITY TO CONSIDER THIS AGREEMENT. I UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING IT I AM VOLUNTARILY WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Participant Signature: _____ Group Name: _____

Print name: _____ Date: _____

ALCOHOL SERVICE TRAINING CERTIFICATION

ACKNOWLEDGEMENT FORM

I hereby certify that on the date indicated below, I have completed the Company's alcohol service training, which included instruction regarding the legal responsibility that both individuals and the Company have when serving alcohol, acceptable forms of identification, signs of intoxication, and refusing or discontinuing the service of alcohol. I was given the opportunity to ask questions, had my questions answered and I understood the training content.

I understand that the following violations of the Company's Alcohol Service Policy will result in Immediate termination, even for a single infraction:

- Serving a visibly intoxicated person;
- Serving a minor;
- Refilling a cup;
- Violation of the following unit service rules

Conc and Premium (2)/ Vending and In-Seat (1) # of drinks allowed per patron

Hours of alcohol sale:

Bottom of 8th inning or 3 hours after scheduled start of game (Concessions, Suites, Machine Room)

Bottom of 7th inning or 2 ½ hours after scheduled start of the game (Vending/In-Seat)

Up to 30 minutes after end of game at Manager's discretion (Diamond Club/Champions Indoor Bar)

End of game (Frontgate/Champions Outdoor Bar/Game Day Catering/Handlebar)

****unless otherwise informed by management****

- Any other violation of law.

I understand that the following violations will result in an indefinite counseling and retraining or, where an associate has a previous history of disciplinary action, may result in termination:

- Failure to ask and receive a proper proof of age (not resulting in service to a minor);
- Any other violation of the Company's Alcohol Service Policy or unit service rules.

By signing below, I hereby certify that I: (a) understand and agreed to abide by the Company's Alcohol Service Policy; and (b) understand I will be disciplined according to the company's Alcohol Service Discipline Policy for failing to comply with the Alcohol Service Policy as indicated above, up to and including termination.

Signature

Date

Print Name

Name of Volunteer Group, if applicable: _____

Attachment: Unit service rules [Note: approval by Business President]