

**Elk Grove Park District**  
**VOLUNTEER WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Elk Grove Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Elk Grove Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the Elk Grove Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Elk Grove Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Elk Grove Park District including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Volunteer's Name \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Program \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**If the signature of the volunteer and date are not on this waiver.**

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Please return completed form to HR Department.



**Criminal Background Check Release Form**

Department: Athletics Which Sport?: \_\_\_\_\_

New Employee \_\_\_\_\_

Returning Employee \_\_\_\_\_

Position: (coach, manager or board member?)

Volunteer X

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_

(A=Asian/Pacific Islander, B=Black, I=American Indian/Alaskan Native, W=White, U=Unknown)

I understand that a successful criminal background check is a condition of employment with the Elk Grove Park District and that while I may be allowed to commence employment after a criminal background search has been initiated, such employment will be conditional pending the return of the results of said search to the Elk Grove Park District, at which time my employment with the park district may be terminated without liability by the park district in the event that the results of the search reveal a conviction or convictions for any one or more of the prohibited offenses.

I consent to the Elk Grove Park District obtaining my criminal conviction history from the Illinois State Police or the FBI.

I understand I will be provided a copy of the criminal background check if any convictions are reported, and my duty under the law to notify the Elk Grove Park District within 7 working days if the information is inaccurate or incomplete.

I hereby fully release and discharge the Elk Grove Park District, its commissioners, officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

I have read and fully understand this release form.

This form will be kept on file by the Elk Grove Park District for a minimum of 2 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If employee is under 16 years of age:

Parent/Guardian Signature: \_\_\_\_\_