

Incline Athletic Organization

Volunteer & Contractor Application Form

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	MI	Last Name	Suffix
Nickname		Social Security #		Birth Date
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License #		State	Expires

Street Address				
City	State	Zip	Home Phone	Work Phone
Email			Cell Phone	

Previous Street Address (if lived at current less than 5 years)				
City			State	Zip
Employer				

Profession Reference (employment, school, church, other)				
Organization		Relationship/Affiliation		
Reference First Name	MI	Reference Last Name	Phone	
Mailing Address	City	State	Zip	

Personal Reference (non-relative, known at least 1 year and different from Professional Reference)				
Reference First Name	MI	Reference Last Name	Phone	
Mailing Address	City	State	Zip	

Prior Volunteer Reference (from prior youth-related experience, if any)				
Organization		Relationship/Affiliation		
Reference First Name	MI	Reference Last Name	Phone	
Mailing Address	City	State	Zip	

DISCLOSURE

Have you ever been convicted of or pled guilty to any crime(s): Yes No

Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order: Yes No

If yes, describe each in full. Also indicate date(s) of crime(s) and in which county and state each took place. (Attach a separate sheet if needed.)

WAIVER, CONSENT AND RELEASE OF LIABILITIES:

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless Incline Athletic Organization (IAO) and its officers, employees and volunteers and any person or organization that provides information for or to IAO, concerning the use of or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with IAO. Would you like to receive a copy of your background check? Yes No

If accepted as an IAO volunteer or contractor, I hereby agree to abide by the IAO Bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the IAO Board of Directors and staff, and understand that I may be removed as an IAO volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: For myself, and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in sports and recreation necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained, or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation.

In consideration of accepting the registration and permitting the participation in of the above-named participant in its programs, for myself and on behalf of my players, heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless IAO, its employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by IAO and the agents, employees, officers and directors of said person or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any IAO-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

Participation hereafter in IAO programs shall at all times be subject to the terms and conditions hereof without limitation to the year or season in which this form is executed.

ACKNOWLEDGEMENT AND CONSENT: I acknowledge that IAO may compile and use addresses and photographs of me for any purpose whatsoever. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, WAIVER, CONSENT AND RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM IAO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Signature
Date