

MANDATORY FORMS

**RIVER FOREST PARK DISTRICT
CRIMINAL BACKGROUND CHECK
WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that, by agreeing to allow the River Forest Park District to conduct a criminal background check, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that completion of a criminal background check is a condition of my employment or volunteerism with the River Forest Park District.

I agree to waive and relinquish all claims I may have against the River Forest Park District, and its officers, agents, servants, and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the River Forest Park District, and its officers, agents, servants, and employees, from any and all claims or damages that I may have or that may accrue to me on account of the results of any aspect of the criminal background check.

I have read, and I fully understand, this Waiver and Release of All Claims.

Signature

Date

Last Name

First Name

Middle Name

Street Address

City

Zip Code

Social Security Number _____

Driver's License Number _____ State _____

Date of Birth ____/____/____ Sex _____ Race _____

Subject's Maiden Last Name _____

** Has your name been submitted by the RF Park District in the last 6 months for a Criminal a Background Check? _____ Yes _____ No

(please print neat and legible)
(please double check for accuracy on SS & DL #'s)
ALL INFORMATION MUST BE COMPLETED

VOLUNTEER WAIVER & RELEASE

IMPORTANT INFORMATION

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

Please recognize that the (District/SRA) 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 participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the activity, certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the 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 signing up and volunteering for this program/activity, 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, 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 said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this program/activity against the (District/SRA), including its officers, officials, agents, volunteers and employees (herein after 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, your 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 _____

Parent's Signature (if under 18 years old) _____ Date _____

<p>PARTICIPATION WILL BE DENIED If the signature of the volunteer and date are not on this waiver.</p>
--

**RIVER FOREST PARK DISTRICT
VOLUNTEER EMERGENCY INFORMATION
CONFIDENTIAL**

Today's Date: _____

Name: _____

Birthdate: _____

Address: _____ City _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

In case of an emergency, please contact:

Name: _____

Home: (_____) _____

Relationship: _____

Work: (_____) _____

Name: _____

Home: (_____) _____

Relationship: _____

Work: (_____) _____

Family Physician:

Name: _____

Phone: (_____) _____

Allergies: _____

Medications: _____

Hospital preference: _____

Date of last tetanus booster: _____ Blood type: _____

Optional: Do you have any physical, psychological, or medical conditions which you feel your employer should be aware of ahead of time?

**River Forest Park District
Volunteer Manual Acknowledgment Form**

I hereby acknowledge that I have received a copy of the River Forest Park District Volunteer Manual. I understand that it is my responsibility to read and comply with the policies contained in the Manual and any revisions made to them. I understand that I should consult the Executive Director on any questions regarding the Manuals.

I acknowledge that the information and policies described in the Manual is subject to change and that revisions to the Manual may occur without prior notice. I understand that existing policies may be revised, superseded, modified, or eliminated without prior notice.

I have entered into my volunteer relationship with the Park District voluntarily and acknowledge that there is no specified length of service. The Park District may terminate the relationship at will, with or without cause, at any time.

I acknowledge that the Manual is not a legal document.

Date: _____

Volunteer's Name Printed:

Volunteer's Name Signed:
