



VOLUNTEER WAIVER AND RELEASE OF LIABILITY FORM

Volunteer's Name (Please Print): _____

Programs(s) volunteering for (check all that apply):

- Parent & Pipsqueak T-ball
- Pre-K T-ball (starting K in fall)
- Kindergarten T-ball (currently in K)
- Cub A (spring 1st and 2nd graders)
- Cub B (spring 3rd and 4th graders)
- Pony (spring 5th and 6th graders)
- Mini-Traveling (spring 7th and 8th graders)
- Other: _____

Waiver and Release of Liability

I expressly and specifically assume the risk of injury or harm in the volunteer activities and release the City of River Falls from any and all liability for injury, illness, death, or property damage resulting from the activities and caused by the volunteer or by the negligence of the City.

Code of Conduct Acknowledgement

I have read the City of River Falls Volunteer Code of Conduct in the Volunteer Guidelines booklet provided to me and understand if I do not adhere to this code of conduct, I may be dismissed of my volunteer duties. If I have any questions related to the Volunteer Code of Conduct, it is my responsibility to bring it to the attention of the Recreation Coordinator.

Concussion Information Sheet Acknowledgement

I have read the concussion information sheet in the Volunteer Guidelines booklet provided to me and understand my responsibilities as related to concussions and will adhere to these instructions or may be dismissed of my volunteer duties. If I have any questions related to the concussion information sheet, it is my responsibility to bring it to the attention of the Recreation Coordinator.

Signature acknowledging receipt of Information regarding Waiver and Release of Liability, Code of Conduct guidelines, and Concussion Information:

Signature: _____ Date: _____

Sign, date, and return both pages to recreation office *before* volunteering.



AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only; do not release to unauthorized persons)

I, _____, hereby authorize a designee for the City of River Falls to obtain information and records pertaining to me from any or all of the following sources:

- 1) Village, Municipal, County, State, or Federal law enforcement agencies, Wisconsin Department of Justice and Department of Transportation, Department of Health
- 2) Any person chosen to interview that may provide relevant background information
- 3) Any sex offender sites either state or national
- 4) Military Records
- 5) Other: _____

This information requested below will not be used in connection with the employment decision but is requested for the purpose of conducting the background check only. Please provide to the City of River Falls any information which may be considered confidential or privileged and permit the City of River Falls to examine and copy that information if it so desires.

Exceptions to this blanket authorization: _____

Sex: Male Female

Full Name (including Middle Name) Alternative/Former Name(s) (if applicable)

Date of Birth (MM/DD/YYYY) Social Security Number

Current Address (Street, City, State, Zip)

Driver's License # State Issued

Race: White Black Asian Pacific Islander American Indian Alaskan Native Other

If you have lived in other Cities, Counties or States within the past 10 years, please list below.

Previous Address (City, County and State)

Previous Address (City, County and State)

Signature Date

If under 18, Parent/Guardian Signature Date