

City of Stoughton Recreation Volunteer Application & Volunteer Waiver

I am interested in volunteering as a: ☐ Head Coach ☐ Assistant Coach ☐ Other _____

(PLEASE PRINT CLEARLY, COMPLETE ALL PARTS OF THIS APPLICATION AND RETURN TO THE RECREATION DEPARTMENT: ATTN TONY KING)

Name _____
First Middle Initial Last
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell/Other Phone _____
Email _____
Previous volunteer experience (including baseball/softball and year): _____

Do you have children in the program? Yes ☐ No ☐

If yes, at what level? _____

Social Security #: _____ (mandatory for background check 18 years of age+)

Date of Birth: ____/____/____ (mandatory for background check)

Driver's License Number: _____ (mandatory for background check)

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

If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes ☐ No ☐

If yes, explain: _____

As a condition of volunteering, I give permission for the City of Stoughton to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the City of Stoughton receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the City of Stoughton is not obligated to appoint me to a volunteer position.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The City of Stoughton will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

If you are applying to be a Head Coach, do you have an Assistant in mind? ☐ No ☐ Yes

Name: _____

If you are applying to be an Assistant, do you have a Head Coach in mind? ☐ No ☐ Yes

Name: _____

WAIVER AND RELEASE OF LIABILITY

This Volunteer Waiver and Release of Liability, executed on this ____ day of ____ 20____, by _____ (the "Volunteer") in favor of the City of Stoughton and its elected officials, officers, employees, and agents (collectively "Municipality")

Waiver and Release

Volunteer freely, voluntarily, and without duress executes this Waiver and Release under me following terms: The Volunteer does hereby release and forever discharge and hold the Municipality harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with the Municipality.

The Volunteer understands that this Waiver and Release discharges the Municipality from any liability or claim that the Volunteer may have against the Municipality with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with the Municipality, whether caused by the volunteer or by the negligence of the Municipality or its officers, directors, employees, agents, or otherwise.



However, the Municipality and the Volunteer understand that the Municipality is not released from liability for harm incurred by the volunteer which results from the Municipality's intentional or reckless conduct.

The Volunteer understands that the Municipality does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the Volunteer.

Activities

The Volunteer desires to work as a volunteer for the Municipality and engage in the activities related to being a volunteer.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Municipality 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 Municipality.

Medical Treatment

The Volunteer does hereby release and forever discharge the Municipality from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with the Municipality.

Insurance

The Volunteer understands that the Municipality does not carry or maintain health, medical, or disability insurance coverage for any volunteer. The Volunteer understands that he/she is provided with liability insurance coverage under the provisions of the Municipality's liability insurance policy.

Each volunteer should obtain his/her own medical or health insurance coverage.

Photographic Release

The Volunteer does hereby grant and convey unto the Municipality all right, title, and interest in any and all photographic images and video or audio recordings made by the Municipality during the Volunteer's Activities with the Municipality, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Construction of Waiver and Release and Severability

The Volunteer expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. The Volunteer agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release, which shall continue to be enforceable.

I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in "is Waiver and Release of Liability.

Print Full Name: _____
Last First Middle Initial

Address: _____
Street City State

Applicant Signature: _____
Parent of Legal Guardian Signature & Date _____ 18 or under/unable to sign

Emergency Contact Name: _____
Emergency Contact Phone Number: _____