

NW ASSOCIATION
FOR
BLIND
ATHLETES

Volunteer Registration Application

Please send completed volunteer registration application to:

Northwest Association for Blind Athletes
PO Box 65265
Vancouver, WA 98665-0009

Legal Name _____

Address _____

Home Phone _____ Cell Phone _____

Birth Date _____ E-mail Address _____

Social Security Number _____

Specific activities you would like to volunteer for _____

Please list any Allergies (Food and/or Environmental):

Any additional medical information we should be aware of? (Please describe below)

Emergency Contact #1:

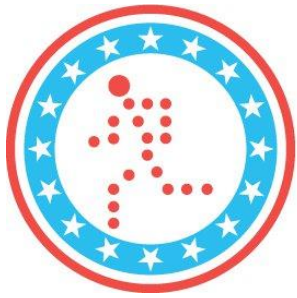
Name _____

Relationship _____ Phone _____

Emergency Contact #2:

Name _____

Relationship _____ Phone _____



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Waiver: (Please Read Carefully)

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your volunteering.

By signing this volunteer registration application, the participant affirms having understood all terms and conditions. In consideration of my involvement under the auspices of Northwest Association for Blind Athletes (NWABA) at training and competition sites, I acknowledge and agree to the following: 1. I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property; 2. I knowingly and freely assume all such risk; 3. I hereby authorize and give my full consent to NWABA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA event. I further agree that Northwest Association for Blind Athletes (NWABA) may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations; and 4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Northwest Association for Blind Athletes (NWABA), their officers, officials, volunteers, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

For athletes or volunteers of minority age – (under 18 at time of registration), this is to certify that I, as a parent/guardian of this participant, consent to his/her release of the Northwest Association for Blind Athletes (NWABA) from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.

Print Name

Date

Signature