

Volunteer Waiver and Background Check Authorization Form

To Be Completed By Volunteer

Please print all requested information in order to register as a volunteer and to have the City of Boerne perform a background check.

Name: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ Date of Birth*: _____

Drivers License #: _____

Former Name (if applicable): _____

I hereby authorize the City of Boerne to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release the City of Boerne and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the City of Boerne.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a City of Boerne volunteer.

Signature: _____ Date: _____

With limited exceptions, you are entitled (at your request) to be informed about the information the City of Boerne collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review certain information. The information that the City of Boerne collects will be retained and maintained as required by Texas records retention laws and rules. Different types of information are kept for different periods of time.

** DOB is being requested in order to obtain accurate retrieval of records.*

CITY OF BOERNE

RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT

In exchange for being allowed to participate in City sponsored activities, I am freely signing this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT.

I understand that participating in City sponsored activities may be hazardous to my personal health and safety (and that of my minor children), and that for the privilege of being allowed to participate in such activities, I am accepting all risks associated with being on the property and/or participating in City sponsored activities on behalf of myself (and my minor children).

I understand that risks associated with such entry and/or participation include, but are not limited to, bodily injury, property loss or damage and death.

I understand and accept that my voluntary participation in City sponsored activities exposes me to a heightened risk of injury, property loss, damage or death and that those risks are possibly beyond the ordinary risks associated with such potentially hazardous terrain and/or activities.

Knowing this, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the City of Boerne, its officers, employees, agents, volunteers and assigns from and against any and all liability, claims, demands and judgments which I may have, or which my heirs, executors, administrators, or assigns may have or claim to have against the City of Boerne, its officers, employees, agents, volunteers, or assigns, for any and all claims, demands, actions, and causes of action of whatever nature or character, known or unknown, which may be asserted by any person, firm, or corporation, whosoever claiming by, through or under me for personal injuries, death, and/or property damage caused by or arising out of, my entry on to the property and/or participation in City sponsored activities.

I agree that if I (or my minor children) require rescue and/or emergency medical assistance and/or transport, I WILL PAY THE COSTS OF SUCH RESCUE AND/OR ASSISTANCE AND/OR TRANSPORT and I, or my heirs, will reimburse the City of Boerne and/or others for the costs incurred in performing any rescue and/or assistance and/or transport on my behalf within thirty (30) days of receipt of written demand.

I am 18 years of age or over, or I am accompanied by a parent or guardian who is authorized to sign this release on my behalf. I have carefully read this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT or had it read to me in a language that I fully understand and I understand all of its terms. I am signing voluntarily and with full knowledge of its legal consequences and of the personal risks to me and/or my minor children. I have not relied on any information from the City of Boerne, its officers, employees, agents, volunteers or assigns in deciding to make this release and agreement.

Participant (Printed): _____

Participant (Signed): _____ Date _____

Address: _____ Tel: _____

Participant and or Guardian E-mail: _____

Parent or Guardian (Printed): _____

Parent or Guardian (Signed): _____ Date _____

Address: _____ Tel: _____