

Acknowledgement Of Training

I acknowledge that on _____ (date) I was given a copy of the sports organization's Simplified Child Abuse/Molestation Risk Management Program and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless the sports organization, its employees, board members, volunteers, and officials from any and all liability including negligence and any intentional tort claims.

Signature _____ Date: ____/____/____

Consent/Release

I authorize and give consent for the sports organization referenced above to obtain my personal information.

This includes, but is not limited to employment records/employer's references; criminal background records/information; criminal background checks/fingerprints; driving record check, financial bankruptcy information, coaching experience, personal references, and addresses.

I authorize this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the sports organization, that the sports organization is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability the sports organization and its directors, officers, employees, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature: _____ Date: ____/____/____

For Sports Organization Use Only

Background checks completed by Conduct Official _____ (name) on ____/____/____ (date)

Sources Checked:

- Clean
- Not Clean (keep this form and the record check on file for 15 years if not clean)

Only attach to this copy the records of background checks that are not clean.