



## Richmond Police Athletic League Volunteer Waiver, Release and Indemnity Form

Thank you for volunteering to make a difference in a child's life. As a volunteer for Richmond PAL, you will be working with children and are therefore required to submit to a background check. By submitting this completed form, you will be authorizing the Richmond PAL to perform a background check and assuming the risks and responsibility for your conduct and actions as a Richmond PAL volunteer as outlined below.

Name/Last:	First:	MI:
Address:	City, State, Zip	
Date of Birth:	Social Security Number:	
Phone Number Cell: _____	Work: _____	E-mail address: _____

I, the undersigned volunteer, desire and agree to volunteer for the Richmond Police Athletic League (PAL.) I further understand and agree as follows:

1. I agree to allow PAL to perform a background check on me;
2. I am donating my time and services without any compensation and shall, at no time, be considered an employee or independent contractor of PAL or the Richmond Division of Police;
3. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
4. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that Richmond PAL and Richmond Division of Police, are not responsible for conditions that I create myself or those created by other volunteers or participants;
5. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify Richmond PAL and Richmond Division of Police, its officers, officials, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of Richmond PAL and/or Richmond Division of Police or otherwise.

**MEDICAL AUTHORIZATION**

In the event that I am incapacitated and cannot grant permission, I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat or relieve any injuries received arising out of or relating to my participation as a Richmond PAL volunteer. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself.

Medication Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_ Group Medical #: \_\_\_\_\_

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.



Signature of Volunteer: \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Parent/Legal Guardian (if volunteer is under age 18): \_\_\_\_\_

Printed Name of Parent/Legal Guardian Date (if volunteer is under age 18): \_\_\_\_\_

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Please mail form to Richmond PAL

1365 Overbrook Rd, Richmond, VA 23220

or email it to [rpal.richmondpolice@gmail.com](mailto:rpal.richmondpolice@gmail.com)