



**INSURANCE WAIVER RELEASE OF LIABILITY
EAGLE MOUNT BILLINGS VOLUNTEER**

VOLUNTEER NAME _____

EMERGENCY PHONE _____

In consideration of being allowed to participate in any way in Eagle Mount Billings, and/or Disabled Sports USA recreation programs, related events, and activities, I and/or the minor VOLUNTEER, the undersigned:

1. Agree that prior to participating I will inspect to the best of my ability, or if a parent and/or legal guardian I will instruct the minor volunteer to inspect the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor volunteer will immediately advise an Eagle Mount Billings staff person of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or minor volunteer, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my/their own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonable foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Eagle Mount Billings, and/or Disabled Sports USA, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Give permission for Eagle Mount Billings to obtain for me emergency medical treatment, as they deem advisable.
6. Give permission for Eagle Mount Billings to use photographs, videos and general information about me in their efforts to publicize their programs.
7. Acknowledge and fully understand that Eagle Mount Billings staff members have the authority to exclude volunteers from the program for behavior they deem unsafe. Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior.
8. Eagle Mount regards safety as our first concern. Volunteers in any of the programs may be removed or excluded for behavior that is deemed by Eagle Mount Billings to be a danger to self or others.
9. Understand and agree that information regarding our participants disability or family background will be kept strictly confidential.

The following questions are asked for the protection of our participants. All answers are strictly confidential. Please contact the Executive Director if you have any questions:

1. Have you ever been convicted of any crime including sexual abuse or child abuse related offenses? _____ Yes _____ No
2. Do you have any criminal charges pending against you or are you currently on probation? _____ Yes _____ No
3. Have you ever had your drivers license suspended or revoked in any state? _____ Yes _____ No

If you answered yes to any of the previous questions, please explain in detail. _____

Please list two non-family references:

Name _____ Relationship _____
 Phone _____ Address _____
 Name _____ Relationship _____
 Phone _____ Address _____

Please read before signing: I have read the complete waiver and release and I understand that I may have given up substantial rights by signing. I have not changed this orally and I sign this release voluntarily. The information I have given is accurate and complete. I hereby give permission to Eagle Mount Billings to verify any information provided, which may include a criminal background check to determine my suitability to act as an Eagle Mount volunteer.

_____ **Printed Name** _____ **Signature** _____ **Date**

For volunteers of minor age: **Age of the Minor Volunteer:** _____
 This is to certify that I, as parent/guardian with legal responsibility for this volunteer, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

_____ **1st Parent/Guardian's Name** _____ **Signature** _____ **Date**
Emergency Phone _____

_____ **2nd Parent/Guardian's Name** _____ **Signature** _____ **Date**
Emergency Phone _____

*NOTE: If 2nd parent signature is not possible, 1st parent/guardian certifies that the 2nd parent/guardian has authorized VOLUNTEER to pursue this activity and the 2nd parent/guardian agrees to all items stipulated above.

Eagle Mount Billings
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