

# Coach/Volunteer/Adult BELIEVE CENTER WAIVER

Revised 1.11.21

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Male or Female

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Race: \_\_ Hispanic, \_\_ American Indian, \_\_ Black, \_\_ White, Other \_\_\_\_\_

Phone Number \_\_\_\_\_ EMAIL: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ E. Phone# \_\_\_\_\_

Do you have any current condition that limits his/her ability to participate in this activity? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Please provide information about allergies or medical conditions that Believe Center should have in case of emergency. \_\_\_\_\_

## Believe Center Waiver and Release of Liability

We the undersigned understand, hereby declare, assert and affirm that the participation in the Believe Center program is done voluntarily and knowingly assume the risks involved in the above-stated program; and in consideration, we hereby for ourselves, our heirs, executors, and administrations, **WAIVE AND RELEASE** any and all rights and claims of damages or losses we may incur against all participating agencies involved in the above stated program **SPECIFICALLY** the City of Toledo Division, Cal Ripken, YMCA, and Believe Center, the athletic and/or recreation supervisor, their respective agents, representatives, successors and assigns for any and all activities connected with the above program. Policy for Severe behavior, consequences for disruptive behavior, and gang affiliations and confiscated properly. Concussions may occur in any sports and in defined injuries will be treated accruing. By submitting this application, I affirm that the facts set forth in it are true and complete in case of emergency involving myself, I/we understand every effort will be made to contact Emergency Contact. In the event I/we cannot be reached, I/we hereby give my/our permission to the medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for myself. I will follow, all Believe Center rules and regulations. I give Believe Center Inc. permission to use photographs, film footage or tape recording that may include my image or voice for the purposes of promoting or interpreting Believe Center Inc. programs without limitation, compensation or obligation for grant and promotion only.

*ASSUMPTION OF RISKS:* I further certify and acknowledge that Sport may be inherently dangerous and can cause serious or grievous injuries, including bodily injury, damage to personal property, and death and that Participant recognizes and assumes that risk, whether foreseeable or not reasonably foreseeable, including COVID-19, and Participant agrees to participate in Sport. This assumption of the risk shall be considered to the broadest extent possible as allowable by law. *PARTICIPANT IS AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH SPORT AND FREELY ACCEPT AND FULLY ASSUMES ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.* I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form. A violation of any policy of the Believe Center involving dishonesty, moral turpitude, or conflict of interest, or conviction of any law involving dishonesty, moral turpitude, or conflict of interest, or any other personal conduct that impairs Coach's ability to fulfill assigned duties or reflects adversely on Coach's fitness to serve as Volunteer; and any other action or conduct which reflects adversely on the good name and reputation of the BCI. **RULES. Rules of the BCI SPORTS AND PROGRAMS shall follow all of the BELIEVE CENTER, INC. Bylaws, BCI Rules and Regulation, BCI Handbook and Partnerships rules and regulation (copy of rules in office or email your request at believecenterkids@gmail.com). Questions: 567-200-2027 Comments/Complaints will be addressed by board if parties can not address issues, believecenter@yahoo.com**  
**FOLLOW COVID 19 RULES MASK IS REQUIRED, WASH HANDS/SANITATION, AND TEMPERATURES ARE REQUIRED IF SOMEONE FORGET TO DO IT AT THE DOOR, FIELD OR RING. IF COACH DOES NOT HAVE THE COVID PLEASE WEAR MASK AT ALL TIMES.**

Coach/Volunteer/Adult Player **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Must be 18 to sign

I will volunteer ON: S M T W T F S Days and time available: \_\_\_\_\_ Coach Shirt Size \_\_\_\_\_

\_\_\_\_ Coach \_\_\_\_\_ Events \_\_\_\_\_ Garden \_\_\_\_\_ Com. Camp

\_\_\_\_ Carnival \_\_\_\_\_ other \_\_\_\_\_ Background Check \_\_\_\_\_ Concussion \_\_\_\_\_ Coach Forum

\_\_\_\_ Kid Safe. \_\_\_\_\_ I.D. \_\_\_\_\_ CPR/First Aid \_\_\_\_\_ **#5MinutesRule** \_\_\_\_\_

Adult Player team name \_\_\_\_\_ Fees \_\_\_\_\_

<b>Lucas County Sheriff's Office</b> <b>Toledo, Ohio</b> <b>Criminal History Record</b> <b>Check Request</b>		Name and mailing address of requesting person, agency, or company: Marie Duran Believe Center Inc., 1 Aurora L. Gonzalez Drive Toledo, Ohio, 43609, 567-220-2027			
Subject's name (Last, First Middle)		Address (Street, City, State)			
Date of birth (month - day - year)	Social Security Number	must	Race	Gender	Height
Releasee: By my signature, below, I authorize the Lucas County Sheriff's Office to release any information contained in the records of which the Lucas County Sheriff is custodian, or which are available to him; and of which I am the subject. Any person who requests such records may have access to them, subject to any restrictions on such access by federal or state statute.					
Signature of subject to be checked		Date		Witness	
Instructions: To obtain a criminal history record check, complete the request and obtain the required signatures. Submit the request form, with the fee of \$8.00 to: Lucas County Sheriff's Office 1622 Spielbusch Avenue ATTN: Record Bureau Toledo, Ohio 43604			Disclaimer: This record reflects only the information to which the Lucas County Sheriff's Office has access; that is, information found in the database of the Northwest Ohio Regional Information System and in the files of the Lucas County Sheriff's Office. This record check was completed by name only, not by fingerprints. Therefore, the true identity of the person in question is unverified. This is not to be construed as a complete criminal history or record.		
The following returned to the requesting person, agency, or company: Card file record: Yes <input type="checkbox"/> No <input type="checkbox"/> Record from books: Yes <input type="checkbox"/> No <input type="checkbox"/> QHSLPR.RID/ _____			<input type="checkbox"/> No record <input type="checkbox"/> Record attached		_____ Date

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Distribution:

White - Record Bureau

Curry - Requesting person, agency, or company

ACP

Attach Driver License