

Burlingame Youth Baseball League (BYBA)

DISCLOSURE STATEMENT FOR ADULT VOLUNTEERS

I have read and understand that I may be disqualified and prohibited from serving as a volunteer of the Burlingame Youth Baseball Association ("BYBA") if, among other things, I have:

Been convicted (includes crimes of record which have been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, murder, felony assault, or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, controlled substances, or any other felony;

- Been adjudged liable for civil penalties or damages involving sexual, physical or verbal abuse of children;
- Been subject to any court order involving sexual, physical or verbal abuse of children, including but not limited to restraining or protective orders;
- Had parental rights terminated;
- A history with another organization which included complaints or allegations of sexual, physical or verbal abuse of children;
- Resigned or been terminated from any volunteer or paid position due to complaints or allegations of sexual, physical or verbal abuse of children;
- A history of behavior that indicates I may be a danger to children in the BYBA program.

Do any of the above statements apply to you? **Yes** **No**

If you have answered "Yes", please attach explanation on a separate page.

WAIVER, CONSENT AND RELEASE OF LIABILITY AGREEMENT

I hereby consent to the investigation and verification of all information given in this Volunteer Application, including searches of law enforcement and public records, including driving records and criminal background checks, contact with current and former employers, and reference interviews. I hereby release and agree to hold harmless Burlingame Youth Baseball Association ("BYBA"), BYBA officers, BYBA directors, BYBA employees, BYBA volunteers, and any person or organization which provides information for or to BYBA, concerning the use of or any attempt to verify the information provided in this Volunteer Application. I declare that all the information given by me in this Volunteer Application is true and complete to the best of my knowledge. I understand and acknowledge that any misrepresentation or omission may be cause for denial, suspension or dismissal from my volunteer status with BYBA.

If accepted as a BYBA volunteer, I hereby agree to abide by BYBA Bylaws, rules, regulations, policies, guidelines and philosophies, and all decisions and directions of the BYBA Board of Directors. I understand and acknowledge that I may be denied or removed as a BYBA volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AGREEMENT

For myself, and on behalf of my heirs, assigns and next of kin, I acknowledge that volunteer participation in BYBA activities necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of my heirs, assigns and next of kin, I willingly, knowingly and voluntarily accept and assume all such risks of participation. I further acknowledge that BYBA is primarily administered and conducted by unpaid volunteers rather than paid employees or professionals.

In consideration of accepting my voluntary participation in BYBA activities and programs, for myself and on behalf of my heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless BYBA, its employees, volunteers, officials, sponsors and other representatives and agents from any and all claims, demands, expenses and compensations arising from or in any way related to any injury or other damage that may result to me while participating in any BYBA related event or activity, including but not limited to any physical or other injury caused by the negligence of any such person while performing his or her duties at any time.

ACKNOWLEDGMENT AND CONSENT AGREEMENT

I acknowledge and agree that BYBA may compile, use and publish addresses and photographs of me for any purpose whatsoever. I consent to such use and waive all rights to compensation.

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, WAIVER, CONSENT AND RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS AND CONSEQUENCES OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS VOLUNTEER APPLICATION, AND AGREEING TO THESE TERMS, I SIGN THIS VOLUNTEER APPLICATION AND AGREE TO ALL ITS TERMS FREELY, KNOWINGLY AND VOLUNTARILY WITHOUT INDUCEMENT OF ANY KIND.

Sign: _____

Print Name: _____ Date: _____

Date of Birth: _____ Social Security No: _____

Drivers License No., State & Expiration Date: _____