

VOLUNTEER WAIVER AND RELEASE STATEMENT

It is the goal of the Games Organizing Committee (GOC) to make your volunteer experience as enjoyable as possible. In order to provide a positive experience for all Special Olympics 2010 USA National Games participants, it is required that every volunteer sign the "Volunteer Waiver and Release Statement". It is very important that you read and understand the following before signing. If you have any questions, please feel free to contact the GOC.

- The information that I have provided may be verified, and I give permission to the Games Organizing Committee of the Special Olympics 2010 USA National Games to make inquiries of others to determine my suitability to act as a volunteer.
- In the course of volunteering for the Special Olympics 2010 USA National Games, I may be dealing with confidential information. I agree to keep such information in the strictest of confidence.
- The relationship between the GOC and the volunteers is an "at will" arrangement; it may be terminated at any time without cause by either the volunteer or the GOC.
- I grant the GOC permission to use my likeness, voice, and words in television, radio, film, or any other form to promote activities of the Special Olympics Movement.
- In consideration for allowing me to participate as a volunteer for the Special Olympics 2010 USA National Games, I hereby fully release the GOC and the Board of Regents of the University of Nebraska and their respective officers, employees, representatives, affiliates, sponsors, vendors and suppliers from any and all claims and damages I may suffer in connection with the events or transactions arising out of my volunteering for the Special Olympics 2010 USA National Games or as a result of the negligent acts or omissions of the GOC or its officers, employees, representatives, affiliates, sponsors, vendors or suppliers. I further understand that as a volunteer I may be assigned tasks in conjunction with my participation in activities and events. I assume all risks associated with my participation in activities and events organized and sponsored by the GOC, including injury, death, or illness to me and/or damage to or loss of my property.
- If, during the course of my volunteer activities, I am unable to perform the duties of my position on my own because of an injury or illness, I consent to the administration of first aid and/or medical treatment in the event of illness or injury.
- I understand that the nature of the Special Olympics 2010 USA National Games and the participating athletes make it necessary to have a screening process for all volunteers in place. My signature on this "Volunteer Waiver and Release Statement" shall serve as authorization for **Intellicorp**, or other entity approved by the GOC, to perform a criminal history record information check in conjunction with my volunteer application should one be required for that specific volunteer role.
- I understand that the **Intellicorp**, or other entity as approved by the GOC, and its officials and employees shall not be held legally accountable in any way for providing this information to the GOC. I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the GOC cannot release the results of this criminal history record information check to me.
- I affirm that I have read this "Volunteer Waiver and Release Statement", understand it, and agree to sign it as my free and voluntary act.

Printed Name: _____

Signature: _____

Date: _____

If you are not at least 19 years of age, a signature from a parent or legal guardian is required below.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Relationship to Volunteer: _____