



VOLUNTEER

REGISTRATION PACKET



LAKELANDPAL.ORG



VOLUNTEER APPLICATION

(2020)

NAME: _____
Last Name First Name Middle Name

Nickname/name you go by: _____

Address: _____
Street City ST Zip

DOB: _____ Last Four Digits of Social Security: _____

Contact Phone: (____) _____ E-mail address: _____

Driver License or State ID #: _____ State: _____

Emergency Contact: _____ Contact Phone: _____

Are you a returning volunteer? ____ YES ____ NO

What activities are you interested in volunteering for:

- Coaching Football Cheerleading Fishing Archery Team Parent
- Chaperone Tutoring Mentoring Gate Concessions Medical Team
- Game Day Announcer Summer Academy Other

T-shirt Size: _____ (S, M, L, XL, XXL, XXXL, 4XL)

Availability for volunteering: _____ Daytime Hours _____ Evening Hours

If selected as a volunteer with the Lakeland Police Athletic and Activities League (PAL), I agree to abide by the procedures established for volunteers. I understand the staff of the Lakeland Police Department will conduct a background check on me, and my acceptance or rejection, as a volunteer, will be determined by the information obtained. I further understand that my application may be rejected at any time for violation of the procedures established for volunteers.

Name: _____ Date: _____

All volunteers must consent to a background check.

Visit <https://opportunities.averity.com/LakelandPAL>

There is no charge to the volunteer. Your eligibility to coach or be involved with the program is based on passing this backgroundcheck/screening process. No parent or unauthorized person can participate in the role of a coach or volunteer without a background check. NO EXCEPTIONS!

OFFICE USE ONLY

Background complete: ___ Yes ___ No Date: _____ By whom: _____
Accepted: ___ Yes ___ No Reason: _____



RELEASE OF LIABILITY & ASSUMPTION OF RISK

READ CAREFULLY BEFORE SIGNING

In consideration of _____ my minor child/ward ("child")
(Name)

or _____ ("myself") being allowed to participate in any way in the LAKELAND POLICE ATHLETIC/ACTIVITIES LEAGUE program, related events and activities, sponsored by the Police Athletic League of Lakeland, Inc., a Florida non-profit corporation ("Lakeland PAL"), the undersigned acknowledges, understands, and agrees that:

1. The risk of injury to my child or myself from the activities involved in Lakeland PAL programs, events and activities is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, as defined below, or others, and assume full responsibility for my child's or my participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation, And UNDERSTAND AND AGREE THAT THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF LAKELAND PAL. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such concern to the attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately.
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the other participants, the City of Lakeland, Lakeland PAL, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct programs and events, as well as the officers, employees and agents of all of the above (individually and collectively, the "**Releasees**"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in these programs and events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my or my child's involvement or participation in these programs and events, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES, to the fullest extent permitted by law.

6. I further grant the Releasees the right to photograph and/or videotape me or my child and further to use my or my child's, name, face, likeness, voice and appearance in connection with exhibitors, publicity, advertising and promotional materials without reservation or limitation. The Releasees are, however, under no obligation to exercise said rights herein granted.
7. This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the courts of Polk, Florida or the United States Middle District Court of Florida, Tampa Division. I certify that I am 18 years of age or older and that I am entering into this Agreement on my own behalf or as the parent or legal guardian for a minor that is under 18 years of age.
8. *I understand the seriousness of the risks involved in my or my child's participation in this program and my and my minor child's personal responsibility for adhering to rules and regulations, and accept all such risks and responsibilities.*
9. Submission of this form and any additional paperwork does not guarantee my or my minor child's participation and qualification for any Lakeland PAL events.
10. Lakeland PAL reserves the right to accept and reject youth, adults, and Lakeland PAL Staff from participation for not adhering to rules set forth by Lakeland PAL (including rules pertaining to proper, correct, and timely submission of required paperwork) and not adhering to deadlines.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, FULLY ACKNOWLEDGE AND ACCEPT ALL RULES AND GUIDELINES AS SET FORTH BY LAKELAND PAL, AND FURTHERMORE UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION.

X _____ Date Signed: _____
 (PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

X _____ Date Signed: _____
 (FOR MYSELF ONLY IF NOT SIGNING AS PARENT/GUARDIAN)

THIS FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED. THIS FORM IS USED FOR ALL SFAPAL EVENTS.

Notary Seal:

Date Notary's Commission expires: _____

Notary's Signature: _____

Date form Notarized: _____