



**TRI-CITIES FAMILY YMCA
CRIMINAL BACKGROUND CHECK CONSENT FORM
& VOLUNTEER WAIVER**

NAME: _____
Last First Middle

Birthdate: _____ Race: _____ Sex: _____

Address: _____ City/State/Zip: _____

Cell/Work: _____

Driver's License#: _____ State: _____

Maiden name or names previously used:

I understand that the above information is required by the Central Records division of the Michigan State Police, Lansing MI. I authorize the Tri-Cities Family YMCA to utilize the above information for the sole purpose of obtaining a criminal history file search.

Applicant Signature Date

Have you ever been convicted of any offense involving the abuse or neglect of children?
____ No _____ Yes

Applicant Signature Date

**ASSUMPTION OF RISK
WAIVER AND RELEASE OF ALL CLAIMS
PHOTOGRAPH/VIDEO RELEASE**

Please read this form carefully and be aware that you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any Tri-Cities Family YMCA volunteer activities. Physical injuries from your participation may include, but are not limited to, cuts, abrasions, sprains, broken bones, head injuries, spinal injuries and/or death. The Tri-Cities Family YMCA does not furnish accident/illness medical insurance. All Medical and any other related bills due to injury or sickness while participating in this program will be the responsibility of the participant. I approve this application and certify that I am in good health. The Tri-Cities Family YMCA has my permission to use any photographs taken for its annual promotions. My signature below signifies that I have read and agree to all the conditions of this application.

Signature: _____ Date: _____

Parent/Guardian _____ must sign if volunteer is a minor