

Paralympic Sport Sacramento Handcycle and Tandem Cycling Program
Individual Volunteer Registration

Please Type or Print Legibly

Name _____

Mailing Address: _____ City _____ Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

E-mail: _____ (*Please respond to all emails!)

Are you affiliated with a group for this volunteer activity? YES NO. If YES, Group Name: _____

Are you a veteran with a disability YES NO Are you currently on Active Duty YES NO

Branch of Service _____

Is this your first time participating in Access Leisure/Paralympic Sport Sacramento programs? YES NO

Have you had any experience with individuals with disabilities? YES NO If so, in what capacity? _____

Are you volunteering for class credit? YES NO

Will you need to have an evaluation form completed? YES NO

School of Attendance: _____ Instructor/Program: _____

1. Have you ever been convicted by a court of a misdemeanor? YES NO

2. Have you ever been convicted by a court of a felony? YES NO

3. If "YES" to "1" or "2", state WHAT conviction, WHEN, WHERE, AND DISPOSITION OF CASE(S):

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Department of Parks and Recreation, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the Paralympic Sport Sacramento Handcycling and Tandem Cycling Program. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity.

Media Release

I specifically grant permission to City of Sacramento, Department of Parks and Recreation Access Leisure to use my likeness, voice and words in television, radio, newspapers, films, magazines, and media of any form not heretofore described to further the aims of the Paralympic Sport Sacramento.

GROUND FOR TERMINATION: Volunteers will not be considered employees of the City of Sacramento. All volunteers serve the City of Sacramento at will, and either the City of Sacramento or the volunteer may terminate the arrangement without notice or consideration.

Signature of volunteer, or guardian if under 18 yrs/ old

Date Signed

Return form to:

**City of Sacramento, Access Leisure, attn Jenny Yarrow 5735 47th Ave Sacramento, CA 95824
or email jyarrow@cityofsacramento.org, or fax to Jenny Yarrow @ 916-808-3559**