

CRIMINAL HISTORY FINGERPRINTING AND BACKGROUND NAME
CHECK CONSENT AND RELEASE OF LIABILITY FORM

READ THIS FORM CAREFULLY.

Chatham Borough Joint Recreation Program adult volunteers and employees are required to submit to an initial background check or a supplemental background check, as applicable, in accordance with the policy and procedures adopted by Resolution of the Borough Council for said purposes. Please read and sign this consent and release from liability form in order for Chatham Borough to continue your initial background check or supplemental background check.

Please note that the results or reports associated with of your initial background check or a supplemental background check, as applicable, may be disclosed to any Borough Officials and/or the representatives of the Club Sport Teams who are authorized to participate in the Chatham Borough Joint Recreation Program.

Name of Volunteer/Employee: _____

Birth Date of Volunteer/Employee: _____

Address: _____

I wish to participate in the Chatham Borough Joint Recreation Program as a volunteer or an employee. I have read the attached policy and procedures governing the initial background check and supplemental background check required for Chatham Borough Joint Recreation Program adult volunteers and employees which was adopted by the Chatham Borough Council. I further have read and completed Appendix 2 and Appendix 3 which constitutes applications for said background checks.

I hereby give my permission to disclose to results of the initial background check or supplemental background application, as applicable to any Chatham Borough elected officials, officers, employees, volunteers, servants and agents and to any representatives of the Club Sport Team who are authorized to participate in the Chatham Borough Joint Recreation Program.

I _____ understand and do hereby agree to waive, release, defend
(print your legal name above)

indemnify and hold harmless the Borough of Chatham, its elected officials, officers, employees, volunteers, servants and agents, as well as any of its agencies, departments, divisions, bureaus or offices and any representatives of the Club Sport Team who are authorized to participate in the Chatham Borough Joint Recreation Program (collectively referred to as the "Chatham Sports Officials and Agencies") from and against any and all past, present and future actions, causes of action, claims, counterclaims, injunctive or declaratory relief, and any and all other liabilities of any kind or nature or description whatsoever, whether arising at law or in equity, whether known or unknown, asserted or unasserted, express or implied, foreseen or unforeseen, suspected or

unsuspected, which I ever had, presently have, may have, or claim or assert to have, against Chatham Sports Officials and Agencies arising out of, connected with, or incidental to my request for an initial background check or supplemental background check, as applicable, or to the subsequent disclose to Chatham Sports Officials and Agencies of any such information that was related to my initial background check or supplemental background check.

I further understand that nothing herein shall be construed to waive or otherwise relinquish any claim, defense, or immunity available to Chatham Sports Officials and Agencies pursuant to law, including but not limited to those claims, defenses and immunities set forth in the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.

Printed Name: _____

Signature: _____

Address:

Daytime Phone: _____ **Evening Phone:** _____

Volunteers Email: _____

Activity volunteer would like to coach or assist: _____

Return to Chatham Recreation - 54 Fairmount

SIGN THIS CONSENT AND RELEASE FROM LIABILITY FORM IN THE PRESENCE OF A NOTARY PUBLIC AND RETURN THE COMPLETED FORM TO THE CHATHAM BOROUGH JOINT RECREATION PROGRAM

STATE OF NEW JERSEY COUNTY OF

_____ **SS:**

_____ **being duly sworn doth depose and says the above statements are true to the best of his/her knowledge and belief.**

Sworn before me this _____ **day of** _____ **year** _____

Signature of Notary Public

