



Northland Adaptive Recreation

VOLUNTEER APPLICATION

PERSONAL INFORMATION *please only use your legal names as they appear on your legal documents:*

First Name: _____ Middle Name: _____
 Last Name: _____ Former (last) Name(s): _____
 Date of Birth: _____ Social Security Number _____ - _____ - _____
 Phone: _____ Email: _____
 Gender: Male Female Other Preferred Pronoun (if any): _____
 Driver's License number: _____ State Issued: _____

Please list ALL addresses where you have lived during the last 5 years.

Current: _____
 Previous: _____
 Previous: _____
 Previous: _____
 Previous: _____

EMPLOYMENT

Currently employed Retired Unemployed Student
 Place of Employment/Education: _____ Position: _____
 City: _____ State: _____

EDUCATION:

High School: _____ Year Completed: _____
 College/University: _____ Year Completed: _____
 Special Educational Training: _____

Are you currently attending school: Yes No
 Will you be receiving academic credit for volunteering? Yes No

EXPERIENCE:

Have you ever served as a volunteer before? Yes No
 If yes, where? _____
 Do you currently participate in any clubs or organizations? _____
 Do you have any other relevant experience that you would like us to know about? _____

BACKGROUND:

Have you ever been convicted of a crime? Yes No
 If yes, please specify: _____

EMERGENCY CONTACT:

Name: _____
 Relationship: _____
 Phone: _____
 Email: _____

POSITION/AVAILABILITY/HOURS:

If you are applying for a specific program, please specify: _____

What type of volunteer work do you prefer? Working with participants Clerical Special Events
 Other _____

Are you required to complete a certain number of hours? Yes No
If yes, how many? _____ When are they due by? _____

HOW DID YOU LEARN OF NORTHLAND ADAPTIVE RECREATION VOLUNTEER PROGRAM?

- Newspaper / Radio / TV _____
- Social Media _____
- Internet _____
- School _____
- Other _____
- Another volunteer _____
- A staff member _____
- I am currently a participant _____
- I am a former participant _____

CODE OF ETHICS As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting Northland Adaptive Recreation, part of Miller Dwan Foundation is confidential. I interpret "volunteer" to mean I have agreed to work without compensation in money. If and when I'm accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

By signing below, I authorize Miller Dwan Foundation, including its subsidiary and affiliate corporations to obtain a consumer report in connection with my application for a volunteer role, or, as allowed by law, at any time during my volunteer role and from a consumer reporting agency (CRA) other than Verified Credential, Inc.

For the purpose of preparing a background check for Miller Dwan foundation, and any for that specific purpose, and subject to all laws protecting my information and individual privacy, I also authorize that the following information may be disclosed to the CRA as needed to compile the report: my past and present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state, and local courts; the military; credit bureaus; testing facilities; and motor vehicle record agencies. By signing below, I acknowledge the information that can be disclosed to thee CRA, if and only as allowed by law, includes information related to my criminal background, motor vehicle history, employment and earnings history, education, personal references, character, mode of living, credit background, civil judgements or liens, military service, and professional credentials and licenses.

A volunteer opportunity with Miller Dwan Foundation is contingent upon a satisfactory background investigation. If I become a volunteer, I authorize Miller Dwan Foundation to order additional background reports while with Miller Dwan Foundation related to any issues without asking me for my authorization again.

I may receive a copy of any consumer report obtained by Miller Dwan Foundation at no expense to me. I understand that I may request additional information on the nature of the report upon written request to the CRA. These searches will be conducted by: Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com Check this box if you would like a free copy of your background report: Yes No

A copy of this authorization has the same validity as the original.

Applicant Signature: _____

APPLICANTS UNDER THE AGE OF 18 MUST HAVE THIS APPLICATION SIGNED BY A PARENT OR A GUARDIAN.

This applicant has my permission to volunteer at Northland Adaptive Recreation.

Parent or Guardian Name (Please print): _____ Date: _____

Parent or Guardian Signature: _____

PLEASE RETURN COMPLETED APPLICATION TO: Northland Adaptive Recreation - Volunteer Services
502 E. 2nd Street, Duluth, MN 55805



WAIVER AND LIABILITY RELEASE AGREEMENT:

Northland Adaptive Recreation

I hereby agree, for myself and/or on behalf of my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any, to the following:

That in consideration of **NAR (Northland Adaptive Recreation)** allowing my use of **NAR** facilities and its locations and participation in its activities, under the terms set forth herein, I agree to hold harmless, release and discharge **NAR**, its owners, agents, employees, personnel, sponsors, officers, directors, representatives, assigns, members, affiliated organizations, insurers, and others acting on its behalf (hereinafter collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to **NAR** and/or its ASSOCIATES' ordinary negligence; and I do further agree that, except in the event of **NAR** and/or its ASSOCIATES' gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against **NAR** and/or its ASSOCIATES as stated above in this clause, for any economic and/or non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor children and/or legal wards, if any, in relation to the premises and/or operations of **NAR**.

That if I engage in any physical activity or use of any **NAR** facility on the premises, I agree to do so at my own risk and assume the risk of any and all injury and/or damage while engaging in any physical activity or use of any **NAR** facility on the premises. My assumption of risk includes, but is not limited to, my use of any **NAR** pediatric, exercise or rehabilitation equipment (mechanical or otherwise), the locker room, sidewalk, parking lot, stairs, pool, whirlpool, sauna, steam room, gymnasium, reception area or any equipment in any **NAR** facility. I agree to assume this risk in my participation in any activity, class, program, service, instruction or **NAR** sponsored event. I agree that I am VOLUNTARILY participating in **NAR** activities and using **NAR** facilities and premises and assume all risk of injury, harm, damage, or loss to me and my property that might result, including, without limitation, any loss or theft of any personal property.

In the event of illness or injury to my child, I authorize any official representative of **NAR** to administer and/or secure medical treatment as deemed necessary by said representative.

This Agreement shall be governed by the laws of the State of Minnesota. If any of its provisions are held to be invalid or unenforceable by a court of competent jurisdiction, such holding shall not invalidate any of the other provisions of this Agreement, it being intended that the provisions of this Agreement are severable. I attest that I am fit and prepared to use **NAR** facilities and participate in **NAR** activities.

CORONAVIRUS / COVID-19 WARNING. Coronavirus, COVID-19 is a contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing and wearing a mask as ways to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in or accessing **NAR's** programs or facilities could increase the risk of contracting COVID-19.

NAR in no way warrants that COVID-19 infection will not occur through participation at **NAR** or the accessing of **NAR's** facilities.

I agree, represent, and warrant that I will not visit or utilize **NAR** facilities or services if I (i) experience symptoms of COVID-19, including, without limitation, fever (over 100 degrees F), cough, shortness of breath, headache, diarrhea, loss of smell or taste, or (ii) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify **NAR** immediately if I believe that any of the foregoing access/use restrictions may apply. I acknowledge and assume both the known and potential dangers of utilizing **NAR** facilities and services and acknowledge that use of them may, despite **NAR's** reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK. I AM AWARE AND AGREE THAT BY SIGNING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST **NAR** FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

or Parent/ Legal Guardian: _____

Date: _____

I understand that this Agreement also waives and releases **NAR** liability for negligence causing any injury to my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any. I attest that they are fit and prepared to utilize **NAR** facilities and participate in **NAR** activities.

Printed Name(s) of Minor(s) _____

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____



**NORTHLAND
ADAPTIVE
RECREATION**

Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Move United Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Move United, Northland Adaptive Recreation, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Move United and/or Northland Adaptive Recreation related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Risks of Participation. The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant’s participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

3. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Move United/Northland Adaptive Recreation events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place.

4. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

Move United Waiver & Release of Liability Agreement

5. Medical Treatment. Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Minnesota and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in St. Louis County, MN; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she/they is not only signing this Agreement on his/her/their behalf, but that he/she/they is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she/they is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date

Move United Media Release Agreement

Move United and its affiliated Chapters are not-for-profit entities. "Released Parties" are Move United, Northland Adaptive Recreation and their successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, vendors, consultants, contractors, assigns, volunteers, participants, sponsoring agencies, sponsors, advertisers, and event premises.

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she/they is not only signing this Agreement on his/her/their behalf, but that he/she/they is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she/they is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date