

# **3 WINS** *fitness*

Volunteer Application Packet

***(Print Single-Sided Pages)***

# **Step 1**

## **Liability Forms**

1) Print and Sign Pages 2 and 3.

2) Submit To Your Program Director  
Once Completed.



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

I, the undersigned participant, am requesting participation in the CSU, Northridge,

Name of department and college: Kinesiology Department, College of Health and Human Development

Activity: 3 WINS Fitness Exercise Program

that begins on: September, 2018 and ends on: December, 2018

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Signature

Date

Print Participant's Name

Phone Number

STEVEN LOY [Signature]

8107117

Event Leader's Name

Date



**Release of Liability Agreement**

This agreement releases 3 WINS Fitness from all liability relating to injuries that may occur during any program activities at any of the 3 WINS Fitness locations. By signing this agreement, I agree to hold 3 WINS Fitness entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved while participating in any of the 3 WINS Fitness activities. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this program and its activities.

By signing below I fully understand and agree to the above terms and forfeit all right to bring a suit against 3 WINS Fitness for any reason. In return, I will be allowed to participate in any activities organized by 3 WINS Fitness. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone or email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Visual/Audio Image Release Form**

I grant permission to 3 WINS Fitness and its agents to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. 3 WINS Fitness will not materially alter the original images. I agree that 3 WINS Fitness owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as websites, publications, promotions, broadcasts, advertisements, posters and presentations, as well as for non-activity related use. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release 3 WINS Fitness and its agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I am at least 18 year of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Step 2

### LiveScan/Background Check

1) Print Page 4 and complete the highlighted section (3rd box).

2) Take this form to the San Fernando Police Station.

- *Address:* 910 First Street, San Fernando, CA 91340.
- Fingerprinting hours: M-F, 9am-5pm.

3) Bring your state driver's license and social security card.

3) Once fingerprinting is completed, you will be given a copy of the livescan completion form. Give one copy to your Program Director.

REQUEST FOR LIVE SCAN SERVICE

Clear Form

BCII 8016 (3/07)

Applicant Submission

ORI: A 1932 Type of Application: 3WINS (Volunteer)

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: City of San Fernando

Agency Address Set Contributing Agency:

City of San Fernando
Agency authorized to receive criminal history information

07142
Mail Code (five-digit code assigned by DOJ)

117 Macneil St.
Street No. Street or PO Box

Michael Okafor
Contact Name (Mandatory for all school submissions)

San Fernando CA 91340
City State Zip Code

( 818 ) 8981239
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First Driver's License No:

Date of Birth: Sex: Male Female Misc. No. BIL - 144105
Agency Billing Number

Height: Weight: Misc. Number:

Home Address: Street No. Street or PO Box

Eye Color: Hair Color:

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: OCA No. (Agency Identifying No.)

Level of Service: [X] DOJ [ ] FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed