

Right of Access Provider Waiver

Mapleton Parks & Recreation

Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification.

Please Print Clearly:

NAME: _____ <small>(Last) (First) (Middle)</small>	Date of Birth: ____/____/____ <small>(Month) (Day) (Year)</small>
Previously Used Name(s) (Maiden, Alias, etc): _____	
Physical Address: _____ <small>(Street) (City) (State) (ZIP)</small>	
Social Security #: _____	Driver License Number: _____ State: _____

Initials	Please Initial the Box :
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date: _____

For Office Use ONLY:

Identification Verified: _____ Criminal History Completed By: _____ Date: _____
(Initials) (Signature)

STATEMENT OF SPORTSMANSHIP

I fully understand the responsibility inherent in the position of a youth sports coach. I will foster the spirit that “**Winning ISN’T Everything,**” but rather, the competition, doing one’s best, good sportsmanship, and developing a sense of team play are attributes to be taught. I will strive to be a positive role model for all members of my team(s).

I have read and understand and accept the *Coaches Code of Conduct*. I understand that repeated lack of adherence to this pledge will result in my being dismissed from all current or future coaching duties.

Signature

Date

COACH RISK ACKNOWLEDGMENT AND RELEASE AGREEMENT

I _____, understand that coaching or other recreational activity contains certain dangers and inherent risks, particularly if I fail to follow written warnings, verbal instructions and/or engage in activities beyond my abilities. These risks also involve the misuse of the facility by third parties or horseplay of other individuals. Knowing these risks, I believe that the benefits of my participation in coaching or other recreational activity outweigh any risk associated with this activity. Individually, I agree to release this (Mapleton City) and its agents and employees from all known reasonable and/or inherent risks associated with my coaching or other recreational activity. I further understand that it is my responsibility to participate within my abilities, as I know my abilities far better than anyone employed at Mapleton City. Furthermore, I am aware that my photograph may be taken by employees and agents of Mapleton City to be published or displayed for various non-profit purposes to promote the Recreation Program without compensation.

I agree to release Mapleton City from liability and indemnify the City for any claims arising out of my failure to properly observe the inherent risks or dangers of participating in coaching. I further agree as a condition of coaching or other recreational activity to release Mapleton City, its agents and employees from any and all liability for the negligence or intentional acts of non-employees to the City. I further understand and agree that any claim for negligence or liability arising out of the use of this facility is expressly limited by the Utah Governmental Immunity Act.

I acknowledge this waiver, release, and risk acknowledgment not only binds myself, but also heirs, legal representatives, next of kin, insurers, and assigns, the undersigned expressly releases, waives and discharges Mapleton City from all liability to myself for any and all loss, liability, damage or cost on account of personal bodily injury, permanent, temporary, total or partial disability, disfigurement, paralysis, death, property damage resulting from my participation in Mapleton City’s recreation program.

I acknowledge that I have had sufficient opportunity to review the provisions of this document and understand its purpose, meaning and intent. In the event any part of this release agreement is declared invalid, the remainder is still valid.

Dated this _____ Day of _____, 20_____

Please print name: _____

Signature: _____

Concussion and Traumatic Head Injury Coach Acknowledgement

In compliance with Utah Code § 26-53-101 *et seq.*, this acknowledgment form is to confirm that you have read and understand the Concussion and Traumatic Head Injury Information Sheet and the City’s Concussion and Traumatic Head Injury Policy provided to you by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events.

I, _____ as a coach/asst. coach have read the information material provided to us by the City related to concussion and traumatic head injuries occurring during participation in sporting events and understand the content, responsibilities, and warnings therein.

By signing below, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City’s Concussion and Traumatic Head Injury Policy.

SIGNATURE OF COACH

DATE