



2013-2014 CHAPERONE RESPONSIBILITIES



Thank you very much for volunteering to be a junior team chaperone. As a chaperone you are assuming certain responsibilities for the welfare of the players under your care, custody and control. To assist you in knowing what your responsibilities are we have created this information sheet for you. Please read and discuss these responsibilities with the team coach or manager. If you understand and accept these responsibilities please sign and date the bottom of the form and return the form to the coach or manager.

As a Chaperone, I understand and take responsibility for the following:

1. As an assigned driver transporting players to and from an event, I will obey all traffic laws and will not take any driving risks that will place the players or me in a harmful situation. All players as well as myself will wear seatbelts while in the automobile.
2. If using my personal automobile for transporting players, I understand that I am responsible for any accidents or injuries to my automobile, myself or to the players. I agree to have automobile liability insurance in the amount of \$300,000 or more covering the automobile I will use to transport players. I agree not to transport more players than my automobile has seatbelts for.
3. I will have a meeting with the players I am chaperoning to discuss the following:
 - a. Room accommodations - player responsibilities and conduct
 - b. Curfew
 - c. Check-in requirements with you if the players are going to leave the hotel.
 - d. Review of departure times and team activity agenda times.
 - e. Alcohol, tobacco and illegal drug restrictions.
 - f. Team meals.
4. I will refrain from using alcoholic beverages while conducting my chaperone responsibilities. I will absolutely not drink and drive myself or any players while acting as a chaperone. If for any reason I feel impaired to chaperone, drive, or carry out any of my responsibilities I will personally contact the team coach or manager and advise him/her of my impairment.
5. I will do everything that is reasonable and prudent to insure the safety of myself and the players while performing any chaperone duties.
6. As a chaperone, I understand that I am working under the direction of the Club, Regional Volleyball Association, or USA Volleyball Association. Any General Liability insurance available to the Club, Regional Association or USA Volleyball Association (excluding auto insurance) is also made available to me while working on behalf of or at the direction of the Club, Regional Association or USA Volleyball. I understand that I may be personally responsible and liable for any of my actions that fall outside the scope of authority granted to me by the Club, Regional Association, or USA Volleyball.

Signature

Date

Printed Name



**2013-2014 Season
WAIVER AND RELEASE FROM LIABILITY
(VOLUNTEERS 18 YEARS AND OLDER)**

I acknowledge that my volunteering to assist USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) in scouting, coaching or providing administrative services (the "Activity") may require me to perform physical exercise or other physical activities that have the potential for bodily injury, death, or property loss. With an understanding of the activities I have volunteered for, I HEREBY ASSUME ALL THE RISKS RELATED TO MY PARTICIPATION AS A USAV/RVA VOLUNTEER.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in the Activity, THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball and its Regional Volleyball Associations; National Team Coaches and Players; Official Sponsors; Volunteers and officers, directors, employees, representatives and agents of any of the above; b) I AGREE NOT TO SUE any of the persons mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

_____ **I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER,**
(INT) **I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.**

Printed Name: _____

Signature: _____ Date: _____

MEDICAL AUTHORIZATION

In the event that I am incapacitated and cannot grant permission, I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat or relieve any injuries received arising out of or relating to my participation as a USAV/RVA volunteer. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself.

Name: _____ Emergency Phone #: _____

Medication Allergies: _____ Blood Type: _____

Physician Name: _____ Phone #: _____

Preferred Hospital: _____ Group Medical #: _____

Signature: _____ Date: _____

Cascade VBC chaperones - please MAIL completed forms to: Cascade VBC, PO Box 27081, Seattle WA 98125



2013-2014 SEASON – VOLUNTEER CONSENT FORM

Your participation as a volunteer working for the Volleyball Club is greatly appreciated. Without your support it would be very difficult for the club to provide a quality volleyball program. As a volunteer you may be asked to assist in a variety of activities including transporting players; conducting fund raisers; being a team parent or representative; working concessions at tournaments; etc. The purpose of this document is to advise you that the activities you may be involved with could result in bodily injury to yourself or others. The Club has taken every reasonable precaution to provide a safe environment for you and other members of the Club.

Once the Club registers with USA Volleyball through our local Region, the Club is covered by a “master” insurance policy provided by USA Volleyball for all approved or sanctioned USA Volleyball activities that the Club participates in. As a volunteer for our Club, you would only be afforded liability insurance protection under this policy if: (a) you choose to join USA Volleyball along with the rest of the Club AND (b) as long as those activities are being conducted at the direction or request of the Club in conjunction with USAV approved or sanctioned activities. The insurance policy provides \$2,000,000 limits of liability protection. Contact the Club President if you are interested in becoming a member of USA Volleyball.

The Club does not provide workers’ compensation or medical coverage insurance coverage to volunteers. In addition, the Club does not provide any auto liability insurance protection to you in the event you are asked to use your automobile for the benefit of the Club. Medical insurance and auto liability insurance would be the responsibility of the volunteer.

I have read this document, understand its purpose, and consent to be a volunteer.

Signature of Volunteer

Date

Printed Name of Volunteer

If required, I will volunteer to transport players or club members to approved or sanctioned events. I fully understand that I am responsible for maintaining insurance on my automobile and for obeying all traffic laws. As a volunteer driver, I agree to the following:

1. I have a valid state drivers license.
2. I maintain at least \$300,000 of auto liability insurance on my automobile.
3. My automobile is in good working condition and has the appropriate number of seatbelts for the passengers transported.

Signature of Volunteer

Date

Cascade VBC chaperones - please MAIL completed forms to: Cascade VBC, PO Box 27081, Seattle WA 98125