

## 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