

**WAIVER AND RELEASE OF LIABILITY  
AND ASSUMPTION OF RISK ACKNOWLEDGEMENT**

**DEFINITIONS:**

- **Indemnitees** – Community Partners, a Not For Profit Organization, and the officers, employees, and board members of these organizations.
- **Indemnitor** – The individual signing below, and his/her heirs, administrators, executors, and assigns.

The **Indemnitor** hereby releases the **Indemnitees** from any liability for damages from illness, injury and/or death that arises out of, or is connected with, or in any manner relates to, the **Indemnitor's participation with the volunteer opportunity including transportation to and from locations associated with the volunteer opportunity.**

**Indemnitor** represents that:

1. I am 18 years of age or older.
2. I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to volunteer and drive in a safe manner.
4. I understand and agree that it is my responsibility to assess the hazards presented by my participation in volunteer activities including driving to and from these activities, and further agree that I am the ultimate judge as to whether I can perform volunteer activities and drive without risk of harm to myself.
5. I understand and EXPRESSLY ASSUME all the dangers incident to the volunteer activity including driving to and from the volunteer activity, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against the **Indemnitees**.

\*Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



2469 S lincoln Blvd  
Venice, CA 90291

\*(please sign and scan to Volunteer Program Manager or turn in physically)



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A7323

OR (code assigned by DOJ)

Volunteer

Type of License/Certification/Permit OR Working Title (Maximum 30 characters if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

COMMUNITY PARTNERS

Agency Authorized to Receive Criminal Record Information

1000 N. ALAMEDA STREET, SUITE #240

Street Address or P.O. Box

LOS ANGELES CA 90012

City State Zip

06185

Mail Code (five digit code assigned by DOJ)

Kai Griffith

Contact Name (mandatory for all school submissions)

(213) 346-3200

Contact Telephone Number

### Applicant Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Other Name  
(AKA or Alias)

\_\_\_\_\_  
Date of Birth Sex  Male  Female

\_\_\_\_\_  
Height Weight Eye Color Hair Color

\_\_\_\_\_  
Place of Birth (State or Country) Social Security Number

\_\_\_\_\_  
Home Address Street Address or P.O. Box

\_\_\_\_\_  
First Name Middle Initial

\_\_\_\_\_  
First Suffix

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
BWing Number  
(Agency 8Ang Number)

\_\_\_\_\_  
Misc. Number  
(Other Identification Number)

\_\_\_\_\_  
State ZIP Code

Your Number: 662

OCA Number (Agency Identification Number)

Level of Service:  DOJ  FBI

If resubmission, list original ATI number:  
(Must provide proof of rejection)

\_\_\_\_\_  
Original ATI Number

### Employer (Additional response for agencies specified by statute):

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_  
Telephone Number (optional)

### Live Scan Transaction Completed By:

\_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Transmitting Agency LSID

\_\_\_\_\_  
Date

\_\_\_\_\_  
ATI Number Amount Collected/Billed