



Warren County Conservation Board

15565 118th Avenue
(515)961-6169

Indianola, IA 50125-8852
wccb@warrencb.org
<http://www.warrencb.org>

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT CONCERNING THE WARREN COUNTY CONSERVATION BOARD

In consideration for the Volunteers participation in the activities and programs sponsored and administered by the Warren County Conservation Board, the undersigned Volunteer does hereby release, acquit and forever discharge Warren County, Iowa, the Warren County Conservation Board, and their agents, employees, successors and assigns from any and all liability whatsoever which may arise in the future, known or unknown, including all claims, demands and causes of action over every nature which the undersigned may ever have by reason of my participation in the activities and programs of the Warren County Conservation Board.

The undersigned further agrees to indemnify and hold harmless Warren County, Iowa, the Warren County Conservation Board and their employees and agents from any and all claims, demands, actions, and rights of actions of every kind, nature and description rising out of or resulting in any way or manner from losses, injuries, or damages sustained by any person as a result of the undersigns participation in the activities and programs sponsored and administered by the Warren County Conservation Board.

The Volunteer agrees to follow all instructions and directions given by Warren County Conservation staff.

The Volunteer understands that the County will conduct a background check before the Volunteer begins participating in activities and programs sponsored by the Warren County Conservation Board.

Dated this _____ day of _____, 20_____.

Volunteer Signature

Printed Name

Address

City, State Zip Code

Telephone (landline or cell) Number



Warren County Conservation Board

15565 118th Avenue
(515) 961-6169

Indianola, IA 50125-8852
wccb@warrencb.org
<http://www.warrencb.org>

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for Volunteers under the age of 18)

In consideration of _____ (print minor's name)
being permitted to participate in this activity, I, _____ as the child's
parent or guardian agree to indemnify and hold harmless, and release Warren County, Iowa, and
the Warren County Conservation Board, and their agents, employees, successors and assigns,
from any claims alleging negligence which are brought by or on behalf of the minor volunteer or
are in any way connected with such participation by the minor Volunteer.

Dated this _____ day of _____, 20_____.

Volunteer's Parent or Guardian

Printed Name

Address

City, State Zip Code

Telephone (land one or cell) No.

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER _____

**TO: Iowa Division of Criminal
Investigation
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, IA 50319
(515) 725-6066
(515) 725-6080 (fax)**

FROM: _____

Phone # _____
Fax # _____

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
____/____/____ Date of Birth (mandatory)	_____ Sex (mandatory)	____-____-____ Social Security Number (recommended)
_____ Signature of Requester		

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ Signature	_____ Date
---------------------------	----------------------