

**Georgia Department of Corrections
Recreation Program
Visiting Volunteer Waiver of Liability**

Name: _____ Date of Birth: _____

Address (Street): _____

City, State, Zip Code: _____

Telephone (Home: _____ (Work): _____

Name of Group and Activity in Institution/Center: _____

Date: _____ Time In: _____

In consideration of having been accepted as a volunteer for the above listed activity, and with the knowledge that I will be working, directly and indirectly, with offenders, I recognize fully that my presence may involve some element of risk.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against the State of Georgia, the Georgia Department of Corrections, (Name of Institution/Center), its personnel, employees, staff or agents because of, as a result of, or in connection with the duties, responsibilities and work which I will undertake.

In making this application, I hereby give the Georgia Department of Corrections authority to make inquiries with police records as may be deemed necessary to ascertain my suitability as a volunteer.

Signature of Volunteer

Date Signed

Have you ever been convicted of a criminal offense? _____ If yes, explain briefly: _____

Are you currently on parole or probation? _____ If yes, explain briefly: _____
