WAIVER/CONSENT/RELEASE - NOT FOR YOUTH EXCHANGE

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any position for which I am being considered. I further certify that I understand that the intent of the program is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby give my permission for ESSEX and its member districts to investigate, verify and obtain information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and personal reference interviews. I understand that this information will be used, in part, to determine my eligibility for a position. I also understand that as long as I remain engaged here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in any program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of ESSEX, the participating Rotary Clubs and Districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnitees, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of the organization and understand that my service can be modified or terminated, with or without notice or cause, at any time or at my option.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.

_____ _____ _____ /_____ /20 _____

Signature of Applicant **Clearly print your Legal Name** **Today's Date**

Date of Birth _____/ _____ /19 _____ **SSN** _____--_____--_____ Rotary District _____

Address: _____**City**_____ **State**_____ **Zip**_____

E-mail: _____ **Telephone Number** _____

Print Legibly

AFTER REVIEW FOR COMPLETENESS AND LEGIBILITY, SEND THIS WAIVER TO:

Daniel Bronson, 259 W Fifth St, Quarryville, PA 17566

The fee per non-Youth Exchange background check is $20.00 by check payable to PRAAT.