

**GLEN ELLYN PARK DISTRICT
CRIMINAL BACKGROUND CHECK
WAIVER AND RELEASE OF ALL CLAIMS FORM**

Please read this form carefully and be aware that by agreeing to allow the Glen Ellyn Park District to investigate your background with the Illinois State Police Bureau of Identification and/or the FBI. You will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of employment/volunteer capacity with the Glen Ellyn Park District.

I agree to waive and relinquish all claims I may have as a result of participating in the criminal background check against the Glen Ellyn Park District and its officers, agents, servants, and employees.

I hereby fully release and discharge the Park District, their respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

I further agree to indemnify and hold harmless and defend the Glen Ellyn Park District, their respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with any of the activities of the criminal background check and review except for willful and wanton conduct.

I have read and fully understand this Waiver and Release of All Claims.

Printed Name: _____

Date of Birth: _____

Sex: (Circle) M F

Race: White Black Asian/Pacific Islands American Indian/Alaskan

Social Security Number: _____

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____