

E 1250 WAIVER OF LIABILITY FOR VOLUNTEERS

YUKON FLATS SCHOOL DISTRICT WAIVER OF LIABILITY FOR VOLUNTEERS

NOTE: The Yukon Flats School District from time to time provides opportunities for members of the community to volunteer services to the school district. However, the school district does not provide liability insurance coverage to non-district personnel serving in voluntary positions with the school district. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the school district and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk.

By executing this waiver, the volunteer:

Acknowledges that the Yukon Flats School District does not provide insurance coverage for the volunteer for loss, injuries, illness, or death resulting from the volunteer's unpaid service to the school district;

Agrees to assume all risk for death or any loss, injury, illness or damage, of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the school district;

Agrees to waive any and all claims against the Yukon Flats School District, or its officers, School Board members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the school district.

Agrees that this waiver is effective whether the death, loss, damage, illness or injury is the result of the negligent, intentional or unintentional acts of the district, any district employee, officer, School Board member, or agent, or that of any other volunteer working for, or on behalf of the Yukon Flats School District, and further agrees to waive any and all claims against the school district, of any nature of kind, for damages arising out of the volunteer's service to the school district.

By my signature below, I hereby certify that I have carefully read this waiver, and that I am making this waiver knowingly, without coercion or duress.

Date

Signature of Volunteer

Printed Name of Volunteer

Witnessed by

Revised 9/97

9/92

Adopted 1/2023