

School Volunteer Liability and Consent Form

Please print, complete, and return this form to the school administration office prior to commencing any volunteer activities.

1. Volunteer Contact Information

Full Name:

Street Address:

Phone Number:

Email Address:

Preferred Volunteer Role/Activity:

2. Emergency Contact Information

Emergency Contact Name:

Relationship to Volunteer:

Emergency Phone Number:

3. Terms, Liability Waiver, and Consent

Please read the following statements carefully before signing:

- I agree to act in accordance with all school policies, rules, and safety guidelines.
- I understand that my services are offered on a volunteer basis, and I will receive no financial compensation, salary, or employee benefits.
- I assume full responsibility for any risks of personal injury or property damage arising out of my participation as a volunteer.
- I hereby release, waive, and discharge the School, its district, school board members, employees, and agents from any and all liability, claims, or demands for personal injury, sickness, death, or property damage occurring during my volunteer activities.
- I authorize the school staff to seek and obtain emergency medical treatment for me in the event of an accident or medical emergency.

4. Authorization and Signature

By signing below, I acknowledge that I have read, understood, and agreed to all of the terms of this Liability and Consent Form.

Volunteer Printed Name:

Volunteer Signature (Sign after printing):

Date (MM/DD/YYYY):