

2327 L Street, Sacramento, CA 95816-5014 www.capta.org

Parent or Guardian Signature

(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org •

Date

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

	(hereinafter "the PTA Unit")	(hereinafter "the volunteer")
part	s document sets forth the responsibilities and understandings o cicipation in volunteer programs partially or wholly coordinated ows:	
1.	The volunteer performs the service of the volunteer's own free v. The volunteer is not an employee or agent of the PTA Unit for nor mandated by the PTA Unit.	
2.	If the volunteer is under the age of 18, the volunteer may on consent of the volunteer's parent or guardian.	ly participate in volunteer service with the express written
3.	The volunteer understands and agrees that it is possible that volunteer service due to accidents, acts of nature, the volunteer' acts of others; that while the PTA Unit has taken some steps to the PTA Unit has no control over most risks, and, thus, cannot safety of the volunteer or the volunteer's property while the volunust take full responsibility for himself or herself and assum necessary and reasonable precautions and acting in a manner property.	s negligent or intentional acts, or the negligent or intentional reduce the chances of injuries or harm to the volunteer, that t and does not guarantee nor take any responsibility for the unteer is engaged in volunteer service; and that the volunteer e the risk of harm or damage while serving by taking all
4.	The volunteer agrees to waive and release the California PTA, officers, directors, members, and volunteers from any and all povolunteer may have against the PTA Unit that might arise out there from.	otential claims for injury, illness, damage, or death which th
5.	The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.	
6.	If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.	
7.	In projects where the volunteer will be transporting others in a non-the PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.	
8.	Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers' compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.	
retu that	nderstand that the materials and tools provided by the PTA Unit a trn these tools and any remaining materials to the PTA Unit at the I have carefully read and fully understand its contents. I am away will.	e end of my volunteer service. By signing below, I confirm
	Volunteer Signature	Printed Name
	Date	

RELEASE OF LIABILITY DUE TO COMMUNICABLE DISEASES

By attending any events held by or volunteering for <u>Mountain Avenue Elementary School PTA</u> (PTA unit) I agree to the following:

- I recognize that participation in an event or volunteering for creates a possible exposure to and illness from communicable diseases, including but no limited to, influenza or COVID-19.
- I knowingly assume all risks association with the contraction of any such disease, even in the case it arises from the negligence of others.
- My choice to participate in any events held by or volunteering for
 <u>Mountain Avenue Elementary School PTA</u> (PTA unit) means that I assume all responsibility associated
 with the contraction of a communicable disease.
- I understand that <u>Mountain Avenue Elementary School PTA</u> (PTA unit) is not liable for the contraction of any communicable disease or the follow-up care, and I/my family members are participating at our own risk and discretion.

N CD
Name of Participants/Volunteer (s)
Name of Parent/Guardian (if participant/volunteer is a minor):
Signature of Participant/Volunteer/Parent/Guardian:
Date Signed: