

High School Volunteer Request Form

Applicant: _____ Cell # _____

School Name: _____

Parent Name: _____ Cell # _____

Steps to complete:

AESD Verification Completed

1. Provide a copy of your student I.D. _____
2. Sign Waiver/Release Form (2nd page of this document) _____
3. Provide a TB Clearance (not older than 4 years) _____

School site: _____

Submit this form along with requested documents

Atwater Elementary School District-Human Resources Department -1401 Broadway Avenue

----- HR Office Use -----

Approved by: Michelle Bush
Assistant Superintendent Human Resources

____/____/____
Date

Emailed to school site on ____/____/____

ATWATER ELEMENTARY SCHOOL DISTRICT
WAIVER AND RELEASE (AND PROOF OF INSURANCE)

I, _____, a parent/community volunteer, state and certify as follows:

1. Purpose for Entry to District Property. Pursuant to an agreement with the Atwater Elementary School District, I will be entering onto the _____ school property located at _____, Atwater, California, owned by the District on _____, 20____ in order to _____ for the students/club of the District for the purpose of _____ (the "Event").

2. Assumption of Risk. I recognize that there is a significant element of risk associated with the Event. Knowing the inherent risks, dangers and rigors involved, I certify that I am fully capable of engaging in the Event. I acknowledge that my participation is voluntary and undertaken with full assumption of all risks associated with the Event. I freely and voluntarily assume all risks, known and unknown arising from participation in the Event.

3. Waiver and Release of Claims. To the extent permitted by law, I hereby waive and release all claims against the District, its agents, officers, employees and volunteers, for injury, accident, illness, or death arising out of or in any way related to the Event.

4. Indemnity and Hold Harmless. I voluntarily agree, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, that if any claim, cause of action, or proceeding for accident, illness, injury, death or any other claim shall be prosecuted, including but not limited to a claim for negligence against the District, or its employees, officers, Governing Board, members of its Governing Board, agents, co-sponsors or volunteers, arising from my participation in the Event, during or related to said participation, I, along with my heirs, assigns, personal representatives and next of kin, will defend, indemnify and hold harmless the District, and all of its employees, officers, Governing Board, members of its Governing Board, agents, cosponsors or volunteers from any and all such claims and causes of action including attorney's fees, and further agree to be bound by the terms of this waiver and release.

5. Proof of Insurance. I certify that I have adequate automobile insurance and that such policy or policies of insurance are in full force and effect on the date hereof.

8. Severability. If any provision of this waiver and release is held to be void, voidable, or unenforceable, the remaining portions of the waiver and release shall remain in full force and effect.

I ACKNOWLEDGE I HAVE READ THIS WAIVER AND RELEASE IN FULL AND UNDERSTAND AND VOLUNTARILY AGREE TO ALL SUCH PROVISIONS. I HAVE BEEN PROVIDED THE OPPORTUNITY TO CONSULT LEGAL COUNSEL REGARDING THIS WAIVER AND RELEASE AND TO ASK QUESTIONS REGARDING ALL ASPECTS OF THIS WAIVER AND RELEASE, AND BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE AGREED TO ITS TERMS.

Signature: _____ Date: _____