REVIEWED: June 24, 2009

Instruction

Exhibit - Volunteer Information Form and Waiver of Liability

	T a a 4	Dinat	M: 441	Talambana
	Last	First	Middle	Telephone
Address Street		C	Lity	Zip code
			m. i	
C	ey adult contact			ephone
	Conviction Information		ld sex offender?	_
Have you	ever been convicted	•		Yes, list all offenses.
	Offense		Date	Location
If request	ed, are you willing to	consent to a crimin	al history records ch	eck? Yes No
-	f Liability		·	
volunteer volunteer	s for the School Dist	rict. The purpose ave insurance cove	of this waiver is to erage by the School	District personnel serving as provide notice to prospective District and to document the at their own risk.
Dr. vous	signature below:			
by your s	29			
You ackn	owledge that the Sch		•	coverage for the volunteer for d service to the School District.
You acknowledge any loss, You agree arising or agree to very employee	owledge that the Sch injuries, illness, or de- e to assume all risk f at of the volunteer's vaive any and all clai	ath resulting from the or death or any loss supervised or unsums against the Schoor loss due to deat	he volunteer's unpaid s, injury, illness, or pervised service to pool District, or its of h, injury, illness or of	d service to the School District. damage of any nature or kind, the School District. You also ficers, School Board Members, damage of any kind arising out
You acknown any loss, You agree arising or agree to very employee of the vol	owledge that the Sch injuries, illness, or de- e to assume all risk f at of the volunteer's vaive any and all clai s, agents or assigns,	ath resulting from the or death or any loss supervised or unsums against the Schoor loss due to deat	he volunteer's unpaid s, injury, illness, or pervised service to pool District, or its of h, injury, illness or of	d service to the School District. damage of any nature or kind, the School District. You also ficers, School Board Members, damage of any kind arising out

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