RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “Release”) executed by the “Volunteer” in favor of Benton Harbor Area Schools, their Board of Education, administrators, employees, volunteers, and agents (collectively, “the District”). The Volunteer desires to work as a volunteer for the District and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include working in a classroom or lunchroom, working in the District offices, and/or working on the playground. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER: Volunteer does hereby release and forever discharge and hold harmless the District and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with the District. Volunteer understands that this Release discharges the District from any liability or claim that the Volunteer may have against the District with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with the District, whether caused by the negligence of the District or its officers, directors, employees, or agents or otherwise. Volunteer also understands that the District does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

MEDICAL TREATMENT: Volunteer does hereby release and forever discharge The District from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with the District.

Emergency Contact: ______________________________ Telephone: ______________________________

INSURANCE: Volunteer understands that, the District does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto the District all right, title, and interest in any and all photographic images and video or audio recording made by the District during the Volunteer’s Activities with District for marketing and public relations purposes.

I consent to photographic release: _____ Initial     I do not consent to photographic release: _____ Initial

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE, KNOW ITS CONTENTS AND SIGN AS MY OWN FREE ACT.

_________________________ ____________________________
Print                                                   Signature

_________________________
Date