

Student Volunteer Release/Hold Harmless Agreement

Volunteer Name _____

Volunteer Phone Number _____

School Name _____

This agreement includes all Issaquah School District activities I choose to participate in during the current School Year _____ (example: 2018-2019)

Location of activity _____

(If form is for various ongoing activities –use the name of the school the activity is associated with.)

The undersigned desires to participate as a volunteer and/or contractor for events and/or activities during the time period named above.

I ACKNOWLEDGE the Issaquah School District will make every attempt to insure my safety while participating in the volunteer and/or contractor event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the Issaquah School District does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

I (and Guardian) also understand that Issaquah School 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.

I am aware that VOICE Program Personnel may be in contact with me in person or via phone, text or email to discuss VOICE business.

Signed _____ Date _____

(If under 18 years of age, parent’s signature is required below)

Signature of Parent/Guardian _____ Date _____

(If applicable)

Adopted: 8/20/09

Revised: 3/13/19