



AUSTINTOWN LOCAL SCHOOLS

700 S. Raccoon Road
Austintown, Ohio 44515

Phone:

330-797-3900

Fax: 330-792-8625

www.austintownschools.org

Volunteer Activity Waiver

For School Year: _____

As a non-employee volunteer ("VOLUNTEER") OF THE Austintown Local School District Board of Education ("the Board") wishing to participate in volunteer activities, including but not limited to physical activities, taking place in the building of or upon the grounds of the Austintown Local School District ("volunteer activities"), I recognize and fully understand that there are potential risks and hazards associated with participating in all such volunteer activities, including, but not limited to, possible physical injury or loss of life. I agree to assume all such risks, including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I may sustain as a result of participating in any such activities. I further agree that the Board, its current and Former employees, agents, officers, administrators and each of them shall not be liable for any injuries, damages, or losses to VOLUNTEER.

In consideration of allowing his/her participation in volunteer activities, VOLUNTEER, his/her heirs, administrators, executors, personal representatives, assigns, and agents and each of them, hereby do covenant not to sue and irrevocable and unconditionally forever release, waive and discharge the Board, its current and former employees, agents, officers, administrators and each of them from any and all claims, demands, actions, causes of action, or suits, debts, charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, and expenses (including attorneys' fees and costs actually incurred), of any nature whatsoever, known or unknown, in law or equity, arising from or connected with or in any manner pertaining to any and all such volunteer activities, including physical activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. Additionally, the VOLUNTEER will indemnify and hold the Board, its current and former employees, agents, officers, administers and each of them, harmless from any and all claims, liabilities, actions, suits or damages and/or losses of whatsoever nature sustained and/or incurred by the Board, as well as any losses, costs and attorneys fees incurred in responding to any such claims arising from or connected with VOLUNTEERS'S participation in such activities.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Ohio, and agree that if any portion is held invalid, the remainder of the waiver and release will continue in full force and effect. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent.

Printed Name of Volunteer: _____ Date: _____

Signature of Volunteer: _____ Date: _____

If volunteer is a minor, signature of Parent/Guardian: _____ Date: _____