

**North Clackamas School District  
Volunteer Liability Release Form**

Volunteer's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency contact name/phone number: \_\_\_\_\_

Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

**My participation in the Activity is voluntary.** I understand volunteering with District means that no compensation is expected in return for the services I provide, and the District will not provide any benefits typically associated with employment. I further acknowledge I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my volunteering for District.

I understand my volunteering with District may involve activities that could be hazardous to me, including those which may expose me to communicable diseases. I fully understand and appreciate these risks that are inherent to my volunteering. I assume the risk of all bodily injury, medical treatment, illness, and/or death that may result from my volunteering for District, even if it results from the District's negligence or that of its employees or agents.

**I hereby release, waive, discharge, exonerate, and agree to indemnify and hold harmless District, its Board of Directors, the individual members thereof, and all officers, agents, employees, and representatives from any and all liability,** causes of action, claims, demands, damages, expenses and compensation, including attorneys' fees, fines or other costs arising out of or arising out of injuries of any kind to me or to my property, or losses of any kind, including illness or injury from a communicable disease, which may result from or have any connection to my volunteering. I give this release to the fullest extent of the law, for myself, and my heirs, administrators, executors, successors and/or assignees. **I further certify and represent that I have the legal authority to enter into this Agreement.**

In the event that I require emergency medical treatment while participating in the Activity, I authorize the District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider. I agree to provide for the payment of these expenses.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

**I certify that I have read this document and fully understand its contents.** I have read this document in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to participate in this activity.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_