



Public Schools of the Tarrytowns

EMPLOYEE ACTIVITY WAIVER

Employee Name: _____

School/Location: _____

I, _____, acknowledge that by signing this waiver I am releasing the Public Schools of the Tarrytowns and/or anyone associated with the planning and management of the activity listed below from any and all liability if I become injured or ill as a result of my participation.

Additionally, I understand that my participation in this activity is strictly voluntary and a personal decision. I am aware that my participation is not a requirement of any duties and/or responsibilities as an employee of the Public Schools of the Tarrytowns.

I also recognize that this activity is outside the scope of my employment with the Public Schools of the Tarrytowns.

I attest that I am in sufficient physical condition to participate in the activity listed below and any injuries or illness claims will be made through my own personal insurance.

Name of Activity: _____

Date of Activity: _____

Signature of Participant: _____ Date: _____