Your Waiver and Completion form will be automatically emailed to you from Jotform Sign. Download the PDF attachment, save it with your last name, and then upload it into Step 3 of the application process.

Jotform SIGN Document ID: 2

Wednesday, August 21, 2024

O'Fallon District 90
Learning today, leading tomorrow

Volunteer Waiver of Liability and Training Completion Form

Name Joe Volunteer

Phone Number (618) 555-1212

Emergency Contact Lucy Contact

Emergency Contact Phone Number (618) 555-1213

Waiver of Liability

The School District does not provide insurance coverage to non-District members/personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

- **Waiver** - You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injury, illness, or death resulting from the volunteer's unpaid service to the School District. You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind arising out of the volunteer's supervised or unsupervised service to the School District. You agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.
- **Training** - You acknowledge that you have completed the required Volunteer Training provided by O'Fallon School District 90.

Signature

Date Wednesday, August 21, 2024

Email Joe.volunteer@volunteer.net

EXAMPLE