



## Volunteer Waiver Form

Participant First & Last Name: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

Affiliation:

I am a parent       I am a community member       I am affiliated with a business, community organization or church

Name of affiliated business, community organization or church: \_\_\_\_\_

### **OPPORTUNITY DESCRIPTION**

Event Name: \_\_\_\_\_

Your Role in the Event: \_\_\_\_\_

List the date(s) you will be participating in this opportunity: \_\_\_\_\_

Name of School or MPS Department you are supporting for this opportunity: \_\_\_\_\_

First & Last Name of MPS staff you are supporting for this opportunity: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **VOLUNTEER WAIVER AGREEMENT**

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named Milwaukee Public Schools (MPS) volunteer event. In the event of any injury requiring medical attention, I hereby grant permission to the MPS staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

\_\_\_\_\_ I accept      \_\_\_\_\_ I do not accept

**WAIVER:** I recognize that unanticipated situations and problems can arise during volunteer activities that are not reasonably within the control of the MPS staff (including volunteers). I therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

\_\_\_\_\_ I accept      \_\_\_\_\_ I do not accept

**PHOTO RELEASE:** I understand that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within MPS. I also give permission to MPS to make or use pictures, or videos of me, and of my minor child without compensation for MPS published, broadcast or electronic materials. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current MPS volunteer event.

\_\_\_\_\_ I accept      \_\_\_\_\_ I do not accept

**I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:**

**PARTICIPANT SIGNATURE (OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_