



Volunteer Release/Hold Harmless Agreement

Volunteer Name _____

Volunteer Phone Number _____

School Name _____

Check one:

_____ Single Event: Name of event/Activity _____
Date of Single Event/Activity _____

_____ All Issaquah School District activities I choose to participate in
School Year _____ (example: 2009-2010)

Location of activity _____
(If form is for various ongoing activities –use the name of the school the activity is associated with)

The undersigned desires to participate as a volunteer for the event(s)/activity named above.

I ACKNOWLEDGE the Issaquah School District will make every attempt to insure my safety while participating in this volunteer event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the Issaquah School District does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

Signed _____ Date _____
(If under 18 years of age, parent’s signature is required below)

Signature of Parent/Guardian _____ Date _____
(If applicable)

