

Name\_

(First)

## **Community Unit School District 303**

## **Volunteer Information and Waiver of Liability**

(Last)

Telephone\_

A volunteer waiver of liability needs to be completed each school year at each location an individual will be volunteering. Please print clearly in ink.

(Middle)

Addre	(Street)	(City)	(State)	(Zip Code)
Are y	ou now or have you ever been a schoo	ol volunteer?	Yes [	] No
If yes, at which school?			W	/hich year?
The So the Sc have i	er of Liability chool District does not provide insurance chool District. The purpose of this waiver insurance coverage by the School District roviding volunteer service at their own ris	is to provide notice and to document t	to prospective	volunteers that they do r
Βν νοι				
	ur signature below:			
	You acknowledge that the School Distr	· ·		_
1. 2.	You acknowledge that the School Distr any loss, injuries, or death resulting fro You agree to assume all risk for death of kind, arising out the of the volunteer's also agree to waive any and all claims a employees, agents or assigns, for loss of	m the volunteer's u or any loss, injury, ill supervised or unsup against the School D due to death, injury,	npaid service to ness, or damage ervised service strict, or its offi illness or dama	the School District. of any nature or to the School District. You cers, Board Members, ge of any kind arising out
1.	You acknowledge that the School Distr any loss, injuries, or death resulting fro You agree to assume all risk for death of kind, arising out the of the volunteer's also agree to waive any and all claims a	m the volunteer's uper any loss, injury, ill supervised or unsuragainst the School Due to death, injury, ervised service to the ze the School Disct will use the Kanerprints will be che	npaid service to ness, or damage ervised service strict, or its offi illness or damage e School District trict to condu- e County Regio cked against Sta	the School District.  of any nature or to the School District. You cers, Board Members, ge of any kind arising out t.  ct a criminal backgrou nal Office of Education ate of Illinois records. Y
1. 2. 3.	You acknowledge that the School Distrany loss, injuries, or death resulting from You agree to assume all risk for death of kind, arising out the of the volunteer's also agree to waive any and all claims are employees, agents or assigns, for loss of the volunteer's supervised or unsuper lift required, you agree and authoric check and understand that the District secure fingerprints and that your finger	m the volunteer's uper any loss, injury, ill supervised or unsurations the School Didue to death, injury, ervised service to the ze the School Disct will use the Kan erprints will be che for covering the \$20	npaid service to ness, or damage ervised service strict, or its offi- illness or damage e School District trict to condu- e County Regio cked against Sta 0.00 fingerprinting	the School District.  of any nature or to the School District. You cers, Board Members, ge of any kind arising out t.  ct a criminal backgrou nal Office of Education ate of Illinois records. Y
1. 2. 3. District	You acknowledge that the School Distrany loss, injuries, or death resulting from You agree to assume all risk for death of kind, arising out the of the volunteer's also agree to waive any and all claims are employees, agents or assigns, for loss of the volunteer's supervised or unsuper of the volunteer's supervised or unsuperfered, you agree and authoric check and understand that the District secure fingerprints and that your fingular also agree that you will be responsible	m the volunteer's uper any loss, injury, ill supervised or unsuragainst the School Didue to death, injury, ervised service to the ze the School Disct will use the Kanerprints will be che for covering the \$20	npaid service to ness, or damage ervised service strict, or its offi- illness or damage e School District trict to condu- e County Regio cked against Sta 0.00 fingerprinting	the School District. e of any nature or to the School District. Yours, Board Members, ge of any kind arising out t. ct a criminal backgrou nal Office of Education ate of Illinois records. Your fee.