

WAIVER OF LIABILITY FOR VOLUNTEERS



Volunteer's Full Name: _____ **Date of Birth:** ____/____/____

Address: _____ **City:** _____ **Zip:** _____

To help protect the District's students and to minimize liability to the District itself, please read the following conditions that apply to your service as a volunteer.

1. I wish to volunteer my time, effort, and services as a volunteer to assist The School District of Greenville County.
2. I have read and signed the attached rules ("Guidelines for Volunteers") and statement of the District's expectations of me as a volunteer and I promise to follow them.
3. As a volunteer, I donate my time, effort, and services to the District and understand that I will receive no compensation in return.
4. I recognize and understand that my volunteer activities for the District expose me to the possibility of injury to my person and property and that I may suffer some kind of injury as a result of an accident and other unforeseen circumstances.
5. I recognize that as a volunteer, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.
6. Despite this risk of injury and lack of workers compensation or other medical insurance coverage from the District, I knowingly and voluntarily waive any and all claims, actions, or causes of action against The School District of Greenville County and agree to hold The School District of Greenville County, its trustees, agents, affiliates, and employees harmless for any injury or damage that I may suffer as a result of my activities as a volunteer for the District.
7. Because I will be entrusted to work around or with students, I agree to authorize ChoicePoint Services Inc. on behalf of Greenville County Schools to conduct such criminal background checks as deemed necessary. I understand that I may request a complete and accurate disclosure of any information obtained from any of these criminal background checks.
8. In return for my agreement to these conditions, The School District of Greenville County agrees to accept my services as a volunteer.

Signature of Volunteer

Signature of Principal

Date: _____

School