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Carrie Thibodeaux, Board President
Melissa Kinzler, Board Vice President
Kathy Madigan, Board Director
Michael Melot, Board Director
JoAnn Tracy, Board Director

Volunteer Release/Hold Harmless Agreement

Volunteer Name: _____

Volunteer Address: _____

Volunteer Phone Number: _____

The undersigned desires to participate as a volunteer in the following event, which is being sponsored by the Orting School District: _____

I acknowledge the Orting School District will make every attempt to ensure my safety while participating in this volunteer project, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury, death, or property damage to myself or others. I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

I further acknowledge the Orting 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. Furthermore, I acknowledge that I do not qualify for worker's compensation benefits and am expected to carry personal medical insurance to cover medical expenses for any injuries I may incur while performing volunteer services.

In consideration of my participation as a volunteer, I hereby release and agree to indemnify and hold harmless the Orting School District and its School Board, employees, and agents from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities/performance of my volunteer work. I agree that all information, property, and materials received and/or created by me in connection with the performance of my volunteer work are property of the District and I will return them promptly upon request or termination of my service.

I understand that I am a volunteer for the Orting School District, not an employee. I further understand that I am not entitled to receive a salary, benefits, or other compensation. Nothing in this Agreement creates a partnership or relationship of employer and employee or agent and principal between the parties. I further understand and agree that my volunteer service may be terminated at any time without cause or recourse.

I agree to comply with all program and District guidelines. I further agree to follow the directions of District faculty and staff when on school grounds and/or at school-sponsored events.

Signed: _____ Date: _____
(If under 18 years of age, parent/guardian signature is required below)

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