



# Jackson Day School

## YOUTH VOLUNTEER WAIVER OF LIABILITY (from guardians for minors) for service with Jackson Day School

I have reviewed and understand and will comply with the following RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT and other terms of my and/or my child's/s' volunteer work in the Jackson Day School/Formerly Mountain Island Day Community Charter School (JDS) program as set forth on this document.

### RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT

In consideration of JDS, the individual(s) undersigned **give permission for their child** to volunteer through JDS onsite or off and agrees to the following:

- The undersigned volunteers agree to release JDS from and against all claims, damages, losses and expenses arising out of the performance of any work done herein by the individual volunteer.
- The release of liability and indemnity includes any loss on account of bodily injury, illness or for property damage, including loss of use suffered by the individual volunteer while providing services coordinated by JDS.
- Such release of liability and indemnity includes any negligent act or omission by JDS occasioned by such work performed.
- The undersigned volunteers agree to participate in publicizing and fundraising for JDS. We agree to allow the use of photographs and other likenesses of us in such publicity.

### GENERAL SAFETY GUIDELINES TO BE FOLLOWED BY ALL VOLUNTEERS

1. Check in and check out at designated location
2. Remain at designated check in location until given a volunteer job assignment
3. Observe all written and stated policies and guidelines given by the company, supervisors and staff
4. If an unsafe situation is observed, take reasonable efforts to correct it and report the concern to the staff leader
5. Report injuries immediately at the check in station
6. Use all equipment in a safe manner
7. Assume responsibility for the security and safety of anything you use or let others use in order to support the job duties.

I am the legal guardian of  
(Please Print)

Parent/Guardian Name: \_\_\_\_\_ Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number/Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

*This form must be completed and returned to the site leader,  
each separate time your child wishes to volunteer through Jackson Day School. Thank you.*