

Schoolcraft Community Schools
Volunteer Waiver Form



Name: _____

Address/City/State/Zip _____

Phone _____

Emergency Contact Name _____

Phone _____

The school district will not assume responsibility for any injury incurred while volunteering in any athletic events, sports program, or any physically related school activity. Certain risks are inherent during participation in these events. Nor will the parties noted above be liable for lost or stolen items while participants are using the facilities or are on the premises. I, the undersigned for myself do hereby release the school district and its employees and agents from any all all claims for injury, death, loss or damage I may suffer as a result of my participation.

Volunteer Signature _____

Volunteer Printed Name _____ Date _____