



Green Local Schools

DEAN E. FRANK, Superintendent ERIN VANMETER, Treasurer

P.O. Box 438 – 100 Smithie Drive

Smithville, OH 44677-0438 – Wayne County

PHONE (330) 669-3921 – Fax (330) 669-2121

www.green-local.org

RELEASE, WAIVER OF LIABILITY, AND ACCEPTANCE OF TERMS AND CONDITIONS

Event/Activity: _____

Date: _____

Participant Name: _____

Phone: _____

I hereby acknowledge my understanding that participating as a volunteer at the above event/activity is voluntary and conditioned upon compliance with the following safety precautions and acceptance of the following terms and conditions.

1. I understand participation in the above-identified activity may involve the use of hand tools, power tools and/or other equipment that requires experience and/or training to operate. I understand the Green Local School District will not provide training to me on the use of this equipment and, by signing below, I acknowledge and affirm that I have the experience and/or training necessary to operate this equipment. I further acknowledge and affirm that I have, or will, personally inspect the equipment prior to its use and find it suitable for my needs. I understand (without further instructions) its proper operation and use.
2. I understand that participation at the above-identified activity involves risks and dangers including, but not limited to accidents, illnesses, and death. **In exchange for the Board allowing such participation, I hereby assume all risks, including those set forth above, and release, discharge, promise not to sue, and/or waive any and all liability, claims, damages, causes of action and/or demands against the Green Local School District Board of Education (“Board”) and its members, employees and agents, of every kind and nature which may arise from or in connection with the activity.** I further agree to indemnify and hold harmless the Board and its members, employees and agents, from any claim arising out of or related to my participation in the activity, including the Board’s reasonable attorney fees.
3. I hereby affirm that I assume the full responsibility for payment of any medical expenses that may result from my participation in the above-identified activity, and I will bear such costs through insurance plans in which I presently participate, or through my own personal resources.

By signing below, the undersigned acknowledges that he/she has read and understands the above terms and voluntarily accepts them.

Volunteer Signature

Date