



KAPA WHS Volunteer Liability Waiver Form

1. **Relationship:** I understand that the scope of my relationship with KAPA WHS is limited to a volunteer position and that no compensation is expected in return for services provided by me; that KAPA WHS will not provide any benefits traditionally associated with employment to me; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to KAPA WHS.

2. **Waiver and Release:** I will not hold KAPA WHS, its host facility, the City of Walnut or any of its regular personnel and volunteer workers liable for injury, accidents, illness or other unexpected occurrences that may arise while providing services to KAPA WHS. I agree to hold the KAPA WHS harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation.

3. I hereby waive and release any and all rights and claims I may have against KAPA WHS with their respective Officers, Board Members, Committee Chairs, administrators, and teachers for any and all injuries which may be suffered by me in connection with my volunteer participation.

4. In case of medical emergency, KAPA WHS personnel or other volunteers have my permission to obtain emergency treatment for myself.

5. I hereby grant KAPA WHS the right to use and reproduce any and all photographs, video clips, and/or audio clips in conjunction with your involvement at KAPA WHS in any organization newsletters, brochures, web sites, flyers and publications, or any outside school approved publications such as newspaper, magazine, and/or web sites promoting our program and organization.

I have read and understand the foregoing statements. I agree to assume the full responsibility stated above and waive all claims as indicated.

Parent/Guardian Must be signed and kept on KAPA WHS file. I have read and agree with the above statements.

Student/Volunteer Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____