

River Islands Academies

WAIVER AND RELEASE FOR VOLUNTEER XING GUARDS

I am a competent adult and wish to perform volunteer services as a Student Xing Guard for the **River Islands Academies**.

I understand that in performing these services I am not an employee of **River Islands Academies** unless specifically designated as such by resolution of the Board of Trustees of the **River Islands Academies**.

I also understand that the **River Islands Academies** may not have all the insurance to provide me with complete coverage for the volunteer services I will be performing and further understand that it is my responsibility to maintain any insurance I may currently carry

I agree that if the volunteer services I will perform involve my providing transportation that I will complete an Agreement to Transport by Private Vehicle form and will carry automobile liability insurance on the vehicle used for such transportation.

By signing this contract I agree to forever waive and release any claim I may have or acquire, individually or on behalf of any other, against the **River Islands Academies**, or any of its employees or agents, for property damage, personal injury, wrongful death, or any other claim of any sort whatsoever arising in any way out of the volunteer services I will be providing.

This Agreement is binding not only on me but also on any person who may claim to act on behalf of or represent me in any way.

I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND I UNDERSTAND THAT THIS AGREEMENT MAY HAVE SIGNIFICANT LEGAL CONSEQUENCES AND THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING RIGHTS WHICH I MIGHT OTHERWISE HAVE.

DATE: _____

(Signature of Person Providing Volunteer Services)

PLEASE PRINT:

Name

Address

Phone

School Name