

**GARAWAY LOCAL SCHOOLS  
ATHLETIC VOLUNTEER RELEASE FORM**

I have offered my services as a volunteer to help the School District in the following areas:

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I agree to abide by all relevant Board policies and administrative guidelines while serving as a volunteer for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while serving as a volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

***All volunteers need to display appropriate behavior at all times. All volunteers who work or apply to work with children on a regular basis will be required to provide a set of fingerprints so that a criminal background check can be conducted. This criminal background check consists of both BCI and FBI background checks and the cost of these checks will be the responsibility of the volunteer. The background check must be done once every five years. Furthermore a volunteer may be required to provide a set of fingerprints at any time so that a criminal background check can be conducted. If a criminal records check is then conducted, it will be done as a condition of continued service as a volunteer and will be at the Volunteer's expense. If a criminal records check indicates that a volunteer has been convicted of or pleaded guilty to any of the offenses described in R.C.109.572(A)(1), the volunteer will be informed of the Board's actions in accordance with Policy 3120.09 or 4120.09.***

*By signing this release I acknowledge that I have had my criminal background check through the Bureau of Criminal Investigation and the Federal Bureau of Investigation and have submitted copies to the Garaway Central Office. I also acknowledge that I have an active Pupil Activity Permit and have completed CPR training.*

**I HAVE READ THIS WAIVER FORM, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

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Volunteer

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District Witness

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Date

GARAWAY 9/2009