

EVERETT PUBLIC SCHOOLS  
VOLUNTEER WAIVER

The undersigned desires to participate as a volunteer for \_\_\_\_\_  
which is being sponsored by \_\_\_\_\_ on Everett School District property  
on \_\_\_\_\_.

I acknowledge the Everett Public Schools does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Everett Public Schools, its school board and employees, and assignees any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participating in the above-described event.

I also understand that my photograph may be taken during the event and potentially shared with the public online in recaps of the event or marketing future events.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(If under 18 years of age, parent's signature is required below)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

(If applicable)