

CLARK COUNTY SCHOOL DISTRICT VOLUNTEER WAIVER AND RELEASE

Name: _____ (“Volunteer”) Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Contact’s Phone No.: _____

School/Location: _____ Date(s) of Activities: _____

Brief Description of Volunteer Activities: _____

This Release and Waiver of Liability (“Release”) releases Clark County School District (“CCSD”), a political subdivision organized and existing under the laws of the State of Nevada, and each of its trustees, officers, employees, and/or agents.

1. **Volunteer Status Only:** I wish to volunteer my time, effort, and services to assist CCSD. I understand that the scope of my relationship with CCSD is limited to a volunteer position and, that as a volunteer, I will receive no compensation in return for my services. I further understand that CCSD will not provide me with any benefits traditionally associated with employment including, but not limited to, the Public Employees Retirement System, medical, dental, or vision.
2. **Risk of Injury:** I understand that in my volunteer activities with CCSD there is a risk of bodily injury, personal injury, illness, death, property damage, and other types of losses.
3. **Insurance:** I understand that CCSD does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, worker’s compensation, or disability benefits or insurance. I further understand that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services with CCSD. I understand that I am responsible to pay for my medical bills incurred because of any injury or illness I may receive while performing volunteer services with CCSD.
4. **Emergency Medical Treatment:** I hereby release and forever discharge CCSD from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with CCSD.
5. **Assumption of Risk:** Despite the risk of injury and lack of medical insurance coverage from CCSD, I knowingly and voluntarily assume the risk of all injuries and/or illness that I may suffer as a result of my volunteer activities for CCSD and I knowingly and voluntarily waive any and all claims, actions, demand, or causes of action against CCSD and agree to hold CCSD, and each of its trustees, officers, employees, and/or agents harmless for any injury or damage that I may suffer as a result of my volunteer activities for CCSD, not amounting to gross negligence by CCSD.

6. **Waiver and Release:** I release and forever discharge and hold harmless CCSD and each of its trustees, officers, employees, and/or agents from any and all liability, claims, and demands of whatever kind and/or nature, either in law or in equity, which arise or may hereafter arise from the volunteer services I provide to CCSD. I understand and acknowledge that this Release discharges CCSD from any liability or claim that I may have against CCSD with respect to bodily injury, personal injury, illness, death, or property damage that may result from the volunteer services I provide to CCSD, not amounting to gross negligence by CCSD.

7. **Background Check:** As I will be entrusted to work around and/or with students, I agree to authorize CCSD and/or its agents to conduct such background checks as deemed necessary.

8. **Media Release:** I grant and convey to CCSD all rights, title, and interests in any and all photographs, images, video, and/or audio recordings of me, my likeness, and voice made by CCSD in connection with my providing volunteer services to CCSD. I give permission for CCSD to use my name, likeness, and voice in media publications, newspaper articles, television coverage, websites, school newsletters, video presentation, and/or public presentations.

9. **Duration:** This agreement shall be valid for up to seven (7) years from the date it is executed. I understand that I may revoke this Release by notifying CCSD, in writing. Such revocation will be effective on the date it is received by CCSD.

10. **Choice of Law and Severability:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Nevada and that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

THIS IS A LEGALLY BINDING AGREEMENT. I HAVE READ AND UNDERSTAND THE RELEASE AND ASSUMPTION OF THE RISK DETAILED IN THIS AGREEMENT.

 Volunteer's Signature

 Date

Signature of parent or guardian is required if the volunteer is under the age of 18.

 Parent/Guardian Signature

 Date

 Printed Name of Parent/Guardian Signature