

**SCHOOL DISTRICT OF ST. CROIX FALLS
VOLUNTEER
ACKNOWLEDGEMENTS AND WAIVER OF LIABILITES
530 EXHIBIT A**

I am 18 years of age or older and I am completing this Acknowledgement and Waiver of Liability in connection with my participation as a volunteer for the School District of St. Croix Falls (School District). This Acknowledgement and Waiver of Liability is to remain in effect with respect to all activities I may undertake as a volunteer for this school term for the School District. When signing this Acknowledgement and Waiver of Liability, I am relying on the statements in this document and I am not relying upon, nor will I hold the School District responsible for, verbal representations regarding legal responsibilities, insurance coverage, or the nature of the volunteer position.

I hereby acknowledge and agree that the School District does not maintain Worker's Compensation Insurance, Unemployment Compensation, or Health Insurance that covers me in the event that I sustain physical or emotional injuries while acting within the scope of my duties as a volunteer. I will provide proof of health insurance coverage that covers injuries I may sustain while performing duties as a volunteer before I begin my volunteer position. I agree to provide services on a volunteer basis and will not be considered an employee, therefore, applicable wage and hour statutes do not apply.

I understand that being a volunteer involves risks of physical strain, impact with other persons or objects, and the risks associated with travel. I also recognize that volunteering involves other inherent risks, and that all such risks cannot be described as a part of this document. I acknowledge that the risks listed above, along with other risks inherent to my participation as a volunteer, may result in severe bodily and/or emotional injury, up to and including permanent disability or death.

I agree to conduct myself at the highest standards of citizenship and behavior. I will support the philosophy of the School District. I will not make statements that could be construed as critical of the school district staff, the administration, or the School District.

I agree to abide by all policies, rules, regulations, administrative procedures, and standards of the School District, the State of Wisconsin, and the federal government.

I affirm that I have never been accused or convicted of any sexual crimes or other crimes against children.

Intending to legally bind myself, my representatives, successors, and assigns, I hereby release the School District, its Board, officers, employees, and agents (collectively the "Releases") from liability and waive all claims and demands against the School District on account of injury or death or damage to or loss of property, arising or resulting from my participation as a volunteer in connection with School District activities, except in cases of negligent or intentional wrongdoing by the School District. I understand that by waiving my rights against the Releases as described above. I am giving up the right to seek legal remedies that might otherwise be available to me including, but not limited to, monetary damages, damages for emotional suffering, medical or other expenses, and attorney fees.

This contract shall be for one school year and shall be renewed yearly as needed.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY, WHICH I UNDERSTAND I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY, AND THAT I SIGN IT VOLUNTARILY.

Signature of Volunteer: _____ Date: _____

Name: _____ Activity: _____

Adopted: January 11, 2005