

BOARD OF DIRECTORS

Mike Spence
Patty Fielding
Tim Kinhead
Mev Hoberg
Sheila Jakubik



SUPERINTENDENT

Faith A. Chapel

8489 Madison Avenue NE

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Bainbridge Island, Washington 98100

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(206) 842-4714

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Fax: (206) 842-2928

**Volunteer
Release/Hold Harmless Agreement**

The undersigned desires to participate as a volunteer for the following event:

which is being sponsored by _____ on _____.

I ACKNOWLEDGE the District will make every attempt to insure my safety while participating in this volunteer project, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the District 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 Bainbridge Island School District, its School Board and Employees, and assigns for any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participating in the above-described event.

Please print name: _____

Signature: _____ Date: _____

(If under 18 years of age, parents signature is required below)

Signature of Parent/Guardian: _____ Date: _____

(If applicable)

