

**BRECKSVILLE-BROADVIEW HEIGHTS BOARD OF EDUCATION**

**VOLUNTEER WAIVER AND RELEASE FORM**

Thank you for your application and interest in being a volunteer for the Brecksville-Broadview Heights Schools. The service, effort and time you devote to the students and schools are greatly appreciated. The successful operation of the district depends on volunteers like you.

As a volunteer, you are not an employee of the district and therefore not entitled to compensation or any other benefit afforded employees. You are not eligible to participate in any health or accident insurance that the district may offer nor are you entitled to worker compensation or any other benefit resulting from an injury, illness, disease or disability arising out of your volunteer service. However, you will be covered by the District's liability policy to the full extent the coverage applies to the district's non-employee agents and representatives generally.

We trust you understand that as an educational, non-profit entity, the District must require as a condition of your volunteer service that you fully release the District and agree not to sue it for any claim that may arise out of your volunteer activity. Therefore, by signing this Volunteer Waiver and Release form, you expressly agree that in consideration for being provided the volunteer service opportunity, you knowingly accept your obligations as described above and hereby **RELEASE, WAIVE AND DISCHARGE** the Brecksville-Broadview Heights Board of Education, its Superintendent, administrators, teachers, employees, agents, executors, personal representatives, successors and assigns, **FROM ANY AND ALL CLAIMS, KNOWN AND UNKNOWN, WHATSOEVER** arising out of or to arise out of the volunteer service and hereby waive and relinquish all rights to worker compensation benefits under Chapter 4123 of the Ohio Revised Code for any injury, illness, disease or disability which may be incurred while participating in the volunteer activity or program.

As a volunteer, it is important that you understand and accept the nature and responsibilities of your service. For example, you are required to abide by all Board policies as well as all other District guidelines, rules and procedures while serving as a volunteer. You must display appropriate behavior at all times when volunteering to work with students. If you work or apply to work unsupervised with children on a regular basis or overnight, you may be randomly selected to submit to a criminal records check that would be paid for by the District. If a criminal records check is then conducted, it will be done before you begin your duties as a condition of continued service as a volunteer. If a criminal records check indicates that you have been convicted of or pleaded guilty to any of the offenses described in Ohio Rev. Code § 109.572 (A)(1), you will be confidentially informed either that the Board is no longer interested in maintaining your volunteer service or that the you will be assigned to duties for which you will not work unsupervised with children.

**READ CAREFULLY BEFORE SIGNING AND THEN RETURN AS DIRECTED BY BUILDING PRINCIPAL:**

Your Child(ren)Name: \_\_\_\_\_

Signature \_\_\_\_\_ Print your name: \_\_\_\_\_

If more than one parent or guardian intends to volunteer during the current school year, that person's signature is also required.

Signature \_\_\_\_\_ Print your name: \_\_\_\_\_