



EMERGENCY CONTACT AND RELEASE

Emergency Contact Information

Date: _____

Name: _____

Address: _____

Phone day: _____ evening: _____ cell: _____

E-mail: _____

In case of an emergency, contact:

Name: _____

Address: _____

Phone day: _____ evening: _____ cell: _____

E-mail: _____

Any allergies, medications, or other information needed in an emergency:

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on the _____ day of _____, 20____, by _____ ("Volunteer") in favor of ATLANTA INDEPENDENT SYSTEM SCHOOL, a/k/a ATLANTA PUBLIC SCHOOLS ("APS"), a political subdivision of the State of Georgia and the Atlanta Board of Education, its employees, and agents. The Volunteer desires to provide volunteer services for APS and engage in activities related to serving as a volunteer ("Activities").

Volunteer understands that the scope of Volunteer's relationship with APS is limited to a volunteer position and that no compensation is expected in return for services provided by the Volunteer; that APS will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to APS.

Volunteer hereby, freely, voluntarily, and without duress executes this Release under the following terms:

- 1. Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless APS, the Atlanta Board of Education, its employees, agents, successors, and assigns (collectively, the "Released Parties") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with APS.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES APS FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST APS WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH APS, WHETHER CAUSED BY THE NEGLIGENCE OF APS OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT APS DOES NOT

ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge APS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with APS.
3. **Assumption of the Risk.** Volunteer understands that the Activities may involve work that may be hazardous to Volunteer, including, but not limited to directing people and traffic, unloading boxes, sorting materials, and transportation to and from the volunteer sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases APS from all liability for injury, illness, death, or property damage resulting from the Activities.
4. **Indemnification.** Volunteer INDEMNIFIES, HOLDS HARMLESS, AND COVENANTS NOT TO SUE the Released Parties from all manner of actions, suits, demands, and claims whatsoever, whether or not matured or contingent, and whether known or unknown, in connection with all and any loss, expenses, damages and injuries (whether arising in tort, contract, by statute, or otherwise), including bodily injury and death, that may occur to myself and my property in connection with the Activities.

Volunteer understands that the Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

5. **Insurance.** Volunteer understands that, except as otherwise agreed to by APS in writing; APS does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**
6. **Photographic Release.** Volunteer does hereby grant and convey unto APS all right, title, and interest in any and all photographic images and video or audio recordings made by APS during the Volunteer's Activities with APS including, but limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
7. **Sex Offender Registry.** APS reserves the right to check Volunteer's names in the Georgia and federal sex offender registries and Volunteer agrees to same. Registered sex offenders may not volunteer.
8. **Other.** Volunteer expressly agrees that this Release is intended to be a broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.



ATLANTA
PUBLIC
SCHOOLS

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature of Volunteer

Date

Name