

2017-2018 ADA EXEMPTED VILLAGE SCHOOLS 2017-2018

VOLUNTEER DRIVER RELEASE FORM

I have offered my services as a volunteer to help the Ada Exempted Village School District in the following area(s):

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all responsibility for any damages, whatever their nature, which may result as a consequence of my volunteer services.

HOLD HARMLESS CLAUSE

"To the fullest extent permitted by law, I agree to defend, pay in behalf of, hold harmless and indemnify the Ada Exempted Village Schools against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the Ada Exempted Village Schools, its elected and appointed officials, employees, volunteers or all others working in behalf of the Ada Exempted Village Schools, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of Ada Exempted Village Schools and/or in any way connected or associated with this agreement."

Volunteer's Signature Date: _____

Please complete the information requested below. All information must be provided.

Volunteer's Name (please print)

Auto Insurance Company & Agency
(Example: Nationwide – Roger's Insurance)

Volunteer's Birthdate

Agent's Name

Volunteer's Social Security #

Agency's Address

Volunteer's Driver's License Number

Agency's Telephone Number

Volunteer's Signature

Auto Insurance Policy Number

Today's Date

Approved by: _____

Superintendent's Signature Date