



Volunteer Waiver & Permission Form

All volunteers working on District property or event are required to submit a signed Permission & Waiver Form. The Principal/Liaison shall have each volunteer execute this Form for the **Pacific Islander Wellness Festival** (the "Activities") related work. The Principal/Liaison shall maintain all such forms for five years following the Applicable school year, and produce such Forms upon District's request.

Names of Volunteers (or Participants):	
School Site:	
Brief description of work:	
Applicable school year:	2022-23

Volunteer/Participant agrees as follows:

1. Participant(s) understands and agrees that their participation in the Activities is voluntary and carries with it potential for serious injury, possibly even death, and property loss. The causes of such risks include, but are not limited to, those related to equipment or tool malfunction, unforeseen ground site conditions, negligence of other participants, and airborne propellants. Participant(s) will provide their own safety equipment, including but not limited to safety glasses and hearing protection. Participant(s) assumes all of the risks of participating in the Activities.
2. Participant(s) hereby takes action for themselves, their executors, administrators, heirs, next of kin, successors, and assigns as follows: TO WAIVE, RELEASE and DISCHARGE the District, its officers, employees, and agents from any and all liability, including that caused by Participant(s) or any other participant in the Activities, for death, disability, personal injury, property damage or actions of any kind that accrue to Participant(s) arising from participation in the Activities; HOLD HARMLESS the District, its officers, employees, and agents from any and all liabilities or claims made by other individuals or entities arising from participation in the Activities.
3. Participant(s) understands and hereby expressly WAIVES all rights under California Civil Code § 1542 which provides: "Certain claims not affected by general release. A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release which if known by him or her must have materially affected his settlement with the debtor."
4. Participant(s) consents to medical treatment that may be necessary in the event of injury during the Activities.
5. Participant(s) agrees to comply with all directions of District staff during the Activities.
6. Participant(s) hereby agrees to abide by all SFUSD and San Francisco Department of Public Health guidelines. Participant(s) assume(s) all of the risks of participating in the Activities as they relate to the spread of transmittable diseases and HOLD HARMLESS the District, its officers, employees, and agents from any all liabilities or claims made by other individuals or entities arising out from Participant's(s') participation.

This Form shall be construed broadly to provide a release and waiver to the maximum extent permissible by law. This Form shall be construed under the laws of the State of California without regard to its conflict of law rules. Jurisdiction and venue for any dispute arising from this Form shall be in San Francisco, California.

IF PARTICIPANT(S) IS/ARE UNDER 18, A PARENT (OR LEGAL GUARDIAN) MAY LIST BELOW THOSE MINORS INCLUDED IN THIS WAIVER.

I am the parent or legal guardian of the below participants) and they have my permission to participate in the Activities as outlined above. I have read and agree to the provisions stated above for myself and the Participant(s). Further, I understand and agree that the sponsors and organizers of the Activities are not responsible for supervision of minor Participant(s) and that if I allow the above minor(s) to participate without my supervision, I assume all the risks from such participation.

Minor Participant/Volunteer Signature:	
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In signing below, the undersigned acknowledges that they have read, understood, and agree to, the above provisions of this Form, and are fully aware of the legal consequences of signing this instrument.

Participant/Volunteer or Parent Name:	
Participant/Volunteer or Parent Signature:	
Date:	