



ISLESBORO CENTRAL SCHOOL
PO Box 118, 159 Alumni Drive
Islesboro, ME 04848
207-734-2251
FAX 207-734-8159

RELEASE OF LIABILITY for VOLUNTEERS AND INTERNS

Name of Volunteer: _____

I hereby release and agree not to hold liable the Islesboro Central School District, its officers, agents, and employees from any and all claims of any kind arising from my service as an intern and/or volunteer. I further agree to the following:

1. I acknowledge that I am an intern and/or volunteer for the _____ and have no expectations of compensation. I understand that the _____ may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the _____. I understand that I may decide to sever my intern and/or volunteer relationship with the _____ at any time, and notice of such a decision should be communicated as soon as possible to my supervisor.

2. I understand and agree that while participating in this program, I am not an agent, servant, or employee of the _____, and therefore will not be covered by the _____ for any health, death or disability benefits.

3. I agree to release and hold harmless the _____, its officers, agents, and employees from any and all claims of any kind that may arise out of my performance as an intern and/or volunteer. I waive any right of action against the _____ in consideration of being allowed to serve as an intern and/or volunteer.

4. I understand and agree to abide by the policies and procedures of the _____ relating to the performance of duties and responsibilities assigned to me.

5. I agree that any information I may gain through participation in _____ activities will be used by me only for my personal educational purposes, except to the extent otherwise required by law.

6. I understand and agree that, in the course of my participation as a volunteer and/or intern with the _____, I may have access to keys and combinations that are confidential because of security concerns. I understand and acknowledge that I will not disclose this information or any other security-related information to any person without prior approval of my supervisor. I understand that my intern and/or volunteer status will be revoked if I make improper disclosure of this or any other security-related information.



ISLESBORO CENTRAL SCHOOL
PO Box 118, 159 Alumni Drive
Islesboro, ME 04848
207-734-2251
FAX 207-734-8159

7. I understand and grant the _____, its successors, assigns, and licensees, the perpetual right to photograph, film, use and reproduce, as the County desires, photographs and videotapes taken of myself and/or my children during any volunteer activity. I understand that I will not receive any compensation for my participation or my children's participation in the photographs and videotapes and that the _____ shall own all right, title, and interest to the photographs and videotapes, including the portions that contain the images and voices of myself and/or children.

8. I agree that should any provision of this Release be found unenforceable, all remaining provisions shall remain in full force and effect. Further, I agree that this Release shall be construed pursuant to the laws of the State of Maine.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate as an intern and/or volunteer with the _____.

Intern/Volunteer (Printed Name): _____

Intern/Volunteer (Signature) _____

Date: _____

Parent or Guardian Printed Name: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Department Director (Printed Name): _____

Department Director (Signature): _____

Date: _____

Superintendent or School Administration Signature: _____

Date: _____