



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

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**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 \_\_\_\_\_ (hereinafter referred to as "the internship site") and have no expectations of compensation. I understand that the internship site may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the internship site. I understand that I may decide to sever my intern and/or volunteer relationship with the internship site 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 internship site, and therefore will not be covered by the internship site for any health, death or disability benefits.
3. I agree to release and hold harmless the internship site, 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 internship site 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 internship site relating to the performance of duties and responsibilities assigned to me.
5. I agree that any information I may gain through participation in the internship site 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 internship site, 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.



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7. I understand and grant the internship site, 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 internship site 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 internship site.

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: \_\_\_\_\_

(Note: To be filed in the office of the Guidance Counselor with a copy in the Superintendent's office.)