Community Serve Day Waiver—2026

Northshore School District

School where you will be volunteering: _____

Name(s) of each member in your party, including yourself:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

NORTHSHORE SCHOOL DISTRICT WAIVER

As a community member and not an employee of the Northshore School District, I hereby acknowledge that I have read, understood and agreed to the following:

1) I certify that I have no medical or physical conditions which could interfere with my safety in any activity I take part in within the District, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

2) I acknowledge the District will make every attempt to insure my safety while participating in this volunteer project, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to me or others. This acknowledgement extends to the use of district equipment.

3) I further acknowledge the District does not provide any accidental medical insurance coverage or volunteer workers compensation coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to be responsible for my own health and any expense(s) if I am injured or become ill on the job.

4) I agree to hold and save harmless the Northshore School District, its school board, employees and volunteers, and assigns for any claims, suits or damages, (including but not limited to defense) which might result from my participation in volunteer work.

5) I understand the Northshore School District makes no promises, guarantees, representations or warranties as to the safe condition, functionality or operability of any tools or equipment that I may use during this project.

6) I understand that the Northshore School District is not responsible for loss or damage to any equipment or personal property owned by me or others, which I may use during my time in/with the district.

7) I acknowledge that volunteering in the Northshore School District may entail known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to my property, or to third parties.

8) I give permission for the District to use my (or my child if listed) photographic or video likeness for promotions, social media content or productions.

NORTHSHORE COMMUNITY CHURCH WAIVER

Read carefully before signing. In consideration for my participation in the Program(s) of the Church, I represent, warrant and promise as follows:

1) I represent myself and/or I am the parent or legal guardian of the Child identified in this form & I request permission to participate in programs run by, through, or at Northshore Community Church through its employees and agents (together the "Church"). I understand that the Program identified above may include the listed Activities among many others and that all such activities include both known and unknown risks.

2) I grant permission to the Church to take me (or my child if listed) to a licensed medical provider and obtain medical treatment, including without limitation emergency surgery and hospitalization if I appear to require medical attention. I give my consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary to preserve my (or my child if listed) life or health or relieve pain. I retain the full responsibility for all medical, transportation, rescue and other related expenses incurred for my well-being in the event I receive medical attention. I agree to provide any information requested by the Church to help resolve any insurance claim.

3) I give permission for the Church to use my (or my child if listed) photographic or video likeness for ministry-related media promotions or productions.

4) I release and agree to hold harmless, defend and indemnify the Church and its directors, officers, employees and agents from and against any and all claims for personal injury (including without limitation loss of life) and all other losses or damages (except those caused entirely by the gross negligence or willful misconduct of the Church) that I (or my child if listed) may suffer as a result of my participation in the Program.

By signing this document, I acknowledge that if I (or my child if listed) am hurt or property is damaged during my participation in the Program, I may be found by the Court to have waived my right to maintain a lawsuit against Northshore Community Church, its employees and agents and may be legally required to defend and indemnify the Church against claims brought by others on my behalf. I have carefully read, understand, and accept all conditions above.

I hereby acknowledge that I have read and understand the foregoing and accept and agree to be bound by the terms and conditions of the above Northshore School District and Northshore Community Church waivers.

Printed Name of person signing: _____

Email_____ Phone_____

Signature _____ Date _____