

LOS RIOS COMMUNITY COLLEGE DISTRICT

VOLUNTEER RELEASE FORM

I understand that while volunteering my services as _____(Function) in the _____Department, I will not receive any compensation, and I will not be covered by the Los Rios Community College District (LRCCD) Worker's Compensation Insurance. I hereby represent that I am covered by a policy of automobile insurance, which is required by LRCCD in the event that I provide transportation. I am aware that my volunteer work for the Los Rios Community College District (DISTRICT) can involve **MANY RISKS OR INJURY** including, but not limited to, property damage, bodily injury, personal injury, and death. In consideration of the DISTRICT permitting me to volunteer, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability for injuries (including death) and damages arising out of or in any way related to my volunteer work.

Signature

Date : _____

Print Name

If participant is under 18, parent or guardian must sign.

Address

Parent or Guardian

Telephone

OFFICE USE ONLY

Rcvd by:

Date: