CHAPERONE/VOLUNTEER INDEMNIFICATION STATEMENT (Waiver of Liability) VOLUNTEER ALCOHOL-TOBACCO / DRUG-FREE STATEMENT

To the maximum extent allowed by law, I, _____, being a _____ (parent/volunteer, etc.) at _____ School, agree to defend, indemnify and hold harmless the Kenai Peninsula Borough and School District and its employees, directors and designees for expenses relating to injuries, accidents, diseases, property damage and/or property loss which may occur as a result of my participation in _____ (trip) for the _____ school year.

I understand that the Kenai Peninsula Borough and the School District neither provide medical insurance coverage nor liability insurance which would cover my actions. It will be my responsibility to provide for payment of such expenses, should they occur. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity.

I agree to abide by the School District's drug and alcohol policy (*BP 5131.6 Alcohol and Other Drugs*) and will be alcohol- and drug- tobacco-free during the trip.

I understand that chaperones must stay with the group for the duration of the trip from departure to return. Any deviation must be approved by the principal.

I understand that chaperones must have an approved background check prior to the field trip. (The application for this Volunteer Screening Process is at http://www.kpbsd.k12.ak.us/departments.aspx?id=19556.)

I have completed a volunteer background check application for the current school year.

Additional information is available through _____ (trip organizer's name) at _____ (phone number/location).

_____ _____

Parent/Guardian/Volunteer's Printed Name Signature

_____ _____

Witness's Printed Name Witness's Signature

_____

Date

Original – Principal, Copy – Parent

Do not use this form for students or for employees who are acting in the course and scope of employment while participating in this trip.

Revised 2-11-2019