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

To the maximum extent allowed by law, I,	, being a
(parent/vo	lunteer, etc.) at School, agree to
•	nai Peninsula Borough and School District and its employees, directors s, accidents, diseases, property damage and/or property loss which (trip) for the
school year.	
senser year.	
nor liability insurance which would cover my	gh and the School District neither provide medical insurance coverage actions. It will be my responsibility to provide for payment of such he hazards associated with the transportation to and from, as well as
I agree to abide by the School District's drug alcohol- and drug-free during the trip.	and alcohol policy (<u>BP 5131.6 Alcohol and Other Drugs</u>) and will be
I understand that chaperones must stay with deviation must be approved by the principal.	the group for the duration of the trip from departure to return. Any
•	approved background check prior to the field trip. (The application for www.kpbsd.k12.ak.us/departments.aspx?id=19556 .)
I have completed a volunteer background ch	eck 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	
De not use this form for students are for over-	yo acting in the course and scope of employment while participating in this trip