

COVID-19 is a highly contagious lethal virus with no known cure. The Los Angeles Unified School District (LAUSD) has not control over the virus and cannot guarantee that the school or site is safe from exposure to COVID-19.

Please seriously consider that the risk of your voluntary participation is contracting COVID-19.

I acknowledge that I can be exposed to COVID-19 while participating on campus as a volunteer. I have read and understood the above warning concerning COVID-19. I choose to accept and assume the risk of contracting COVID-19 to participate as a parent/legal guardian volunteer. The parent volunteer activity is of such value to me that I accept and assume the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the volunteer activities. I understand that if I do not execute this Waiver/Release, I will not be permitted to serve as a parent/legal guardian volunteer at any LAUSD school or site.

I hereby expressly waive and release the LAUSD, the Board of Education of LAUSD, and its members, employees, and agents from any and all liability, claims, lawsuits, or damages of any nature whatsoever arising directly or indirectly from COVID-19 infections or transmission related to my participation as a parent/legal guardian volunteer. I understand that this waiver means that I forever give up any rights to bring any claims or lawsuits for personal injuries, death, disease, or any other loss, including, but not limited to, claims of negligence, and for any claim that I may have to seek damages, whether known or unknown, foreseen, or unforeseen, in connection with COVID-19. I understand and agree that this waiver and release is intended to be interpreted broadly in favor of LAUSD.

I attest that I am over 18 years of age and am the parent or legal guardian of a LAUSD student. By signing, I acknowledge reading and agreeing to the terms in the waiver and release of liability.

Volunteer Signature _____ Date _____

Do not write below this line. School staff use only.

California Megan's Law Website Clearance Date _____ Checked by _____
Name and Title

Volunteer Commitment Form Date Signed _____

Application Approved _____ Application Not Approved _____

Signature _____ Date _____
Administrator or Designee

Signature _____ Date _____
 Administrative Coordinator, Region Family and Community Engagement OR
 Director, Office of SFACE