



I acknowledge that all activities involve the risk of injury and/or damage to personal property. I agree, in my volunteer service, that I will hold harmless MCS District, Members of the MCS Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, from any and all liability whatsoever for any injury, condition, or other problem associated with my volunteer work with MCS, except for actions by MCS officials performed with actual malice. As provided herein, I hereby agree for myself, my child(ren), my heirs, executors and administrators, to waive and release any and all injuries or losses suffered by myself during volunteer activities. I agree to assume all financial responsibility for the medical expense incurred, as a result of my participation in said MCS volunteer efforts.

I understand that I must provide a valid Georgia driver’s license or state ID. This information will be utilized to scan my identity against sex offender registries and/or databases, to verify my eligibility to provide volunteer services at MCS. Finally, I understand that MCS reserves the right to run a criminal background check at its discretion as a condition of eligibility to begin or continue volunteer services. I understand that my refusal to provide the required information for this check may be grounds for dismissal or ineligibility for volunteer services.

I have read and understand the Child Abuse training Pamphlet outlining my responsibilities as a mandated reporter under O.C.G.A. 19-7-5.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**For School Use Only**

School/Department/Location: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

- Parent/Guardian Volunteer                       Volunteer/ Tutor                       University/College School Volunteer
- Mentor     Other (please specify)

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- Registry has been checked and cleared
  - Child abuse training completed
  - Copy filed