



Waiver of Liability, Assumption of Risk & Indemnity Agreement regarding Non- Alaskan Instructional Vendor for Mat-Su Central School

Student's Name _____

Parent / Guardian (Please print name)

Initials

Waiver: In consideration of disbursements made to the parent (identified above and here-in-after "parent") by the Matanuska-Susitna Borough School District (hereinafter "MSBSD") for the parent's utilization and direct payment to any and all Non- Alaskan Instructional Vendors (here-in-after Non-AK Vendors), parent hereby releases, waives, discharges, and covenants not to sue the MSBSD, its officers, employees, and agents with respect to any and all claims of any nature arising from the services performed by any and all such Non-AK Vendors.

Initials

Assumption of Risk: The parent understands there are inherent risks connected with the provision of Non-AK Vendor services when the MSBSD is not in direct supervision of such services. Such risks include, but are not limited to, ineffective provision of services, wrongful acts, etc. by Non-AK Vendors for said services.

Initials

Indemnification and Hold Harmless: The parent agrees to indemnify, defend and hold harmless MSBSD from any and all claims arising from services provided by Non-AK Vendors who are paid directly by the parent.

Initials



Acknowledgement of Understanding: The parent hereby acknowledges and agrees that he/she has read and fully understands this waiver of liability, assumption for risk, and indemnity agreement. The parent hereby acknowledges and agrees that substantial rights are being given up, including a potential right to sue MSBSD, when Non-AK Vendors are paid directly by the parent. The parent hereby acknowledges and agrees that he/she is signing and initialing this agreement freely and voluntarily. The parent further acknowledges and agrees that by his/her signature it is intended that this agreement constitutes a complete and unconditional release of the MSBSD with regard to any and all potential liability relative to the provision of services by Non-AK Vendors to whom the parent elects to pay directly.

Initials

Signature of Parent _____ Date _____

I understand I must have this waiver in place with Mat-Su Central School reimbursement department before reimbursements can be made.

Completed waivers are to be returned to Gena Chastain at: gena.chastain@matsuk12.us



MAT-SU CENTRAL

Dynamic Personalized Learning



600 E. RAILROAD AVE. STE #6,
WASILLA, AK 99654

P (907) 352-7450

F (907) 352-7480

Vendor's Name: First and Last _____

Vendor's Business Name (if different) _____

Business Phone Number _____

Vendors Fax # _____

Vendor Address _____

Email Address _____

Website _____

Description of Services _____

Parent Initials

Parent Name (Printed)

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