



Dublin City School District

Professional Staff 3120.091 F3 Revised 12/12/12
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## Liability Release for Private Provider

- Private Provider is to complete this form and return to the Student Services Department at Central Office.
  - Student Services staff will send a copy of the completed form to the School Nurse who will copy for the Building Principal.
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Name of Private Provider: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of student: \_\_\_\_\_

Type of services: \_\_\_\_\_

I hereby release and waive any and all claims or causes of action against the Dublin City School District Board of Education and/or its members, employees, or agents, except for claims or causes of action that are the result of negligent or willful misconduct which may arise in connection with my provision of services or support to the above-named student.

I hereby release and agree to indemnify and hold harmless the Dublin City School District Board of Education and its members, employees, or agents from any and all liability, claims, or causes of action of any kind arising from or relating to my provision of services or support to the above-named student.

\_\_\_\_\_  
Signature of Private Provider

\_\_\_\_\_  
Date