



DISTRICT MONITOR WAIVER FORM

I, _____ acknowledge that _____
(Print Name) (Organization)

will provide our own volunteer District Monitor. Our District Monitor is at least 21 years of age, current in Adult and Infant/Child CPR and First Aid, background criminal check will pass, has a working cell phone, and the ability to enforce all the rules and regulations set forth by the Charlotte Public Schools Facility and Grounds rental policies. We will provide our own First Aid materials and be responsible for following all emergency protocols.

Signature Date: _____

Name of District Monitor: _____ Phone: _____

District Monitor volunteer schedule (dates and times):

List other alternate volunteer District Monitors that meet the requirements:

Name: _____ Phone: _____