



WAIVER AND RELEASE OF LIABILITY: In consideration of being permitted to participate in the Homestay Program and receive its benefits, we hereby release the State of Washington, the Board of Trustees of the Community Colleges of Spokane, the Community Colleges of Spokane, and any other subdivision or unit of the Community Colleges of Spokane, its officers, employees, representatives and agents (“Releasees”), from any and all liability, claims, costs, expenses, injuries, illness, and/or losses I, my household, my family, my property or any people who live in or visit my home may sustain, including any actions or causes of action whether at law or in equity, including without limitation liability for property damage or loss, and liability for debts, conduct or actions, or health conditions of the student(s) assigned to our home. We understand that the student will assume responsibility for their own debts, conduct, and actions while in the Homestay Program.

I affirm that I have insurance coverage in effect, and that the policy covers liability claims. I authorize CCS Homestay staff or their designated representatives to verify my coverage information directly with my insurance provider when needed.

I authorize CCS Homestay staff, or their designated representatives, to conduct a Criminal Background Check on me and anyone above age 18 in my home. And I understand that information on the report might affect my ability to host international students as a Homestay family.

EMPLOYEES OF THE COMMUNITY COLLEGES OF SPOKANE: As an employee of the Community Colleges of Spokane, I acknowledge that I participate in this program as a volunteer in my personal capacity, and not in the course and scope of my employment with the Community Colleges of Spokane. As such, I agree to the general Waiver and Release of Liability as outlined above.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE BOTH READ AND UNDERSTOOD THE ABOVE STATED WAIVER AND RELEASE OF LIABILITY AND GUIDELINES FOR EMPLOYEES OF THE COMMUNITY COLLEGES OF SPOKANE AND AGREE TO ACCEPT THEM AS A CONDITION OF OUR PARTICIPATION IN THE PROGRAM.

Homeowner / Spouse Signature: _____

Legal name (print): _____

Date: _____

Homeowner / Spouse Signature: _____

Legal name (print): _____

Date: _____