

New Prague Area Schools
410 Central Avenue North
New Prague, MN 56071
952-758-1700

EVENT SUPERVISOR WAIVER

I _____ have read and understand the Event Supervisor Job Duties and agree to uphold and abide by the duties as listed.

I am a currently a staff member of New Prague Area Schools and agree to waive any and all compensation to perform the Event Supervisor function for _____.

Printed Name

Signature

Date

Facility Scheduler Signature

Date