

# VOLUNTEER WORKERS HOLD HARMLESS AGREEMENT

## VOLUNTEER WORKER

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## MEDICAL INFORMATION

Medical Insurance \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

In consideration of and as a condition to volunteer activities, the undersigned hereby waives, releases, and discharges any claims, actions, or causes of action for any damages or personal injury which the undersigned may have, or which may subsequently accrue to the undersigned, as a result of participation in volunteer activities.

The undersigned acknowledges and understands that accidents resulting in injury occasionally occur during such activities as the undersigned will be engaging in as a volunteer. Notwithstanding the foregoing, the undersigned hereby agrees to fully assume any and all risk of harm or injury which may occur to the undersigned during the volunteer activities, and to release and hold harmless \_\_\_\_\_ (Parish and/or School) and the Diocese of La Crosse, and their officers, agents, and employees from any claims, actions, or cause of action as set forth above.

It is further understood that the undersigned is volunteering their time and labor. The undersigned acknowledges and understands that as a volunteer, they are not eligible for any wages or other benefits of employment, such as workers' compensation insurance, and the undersigned fully waives any claim for same for any work or activity they contribute during the volunteer activities. The undersigned understands that he/she is responsible for all medical bills if injured while performing volunteer work. If injured, the undersigned will be taken to the doctor or hospital specified above. In an emergency, the undersigned will be taken to the nearest adequate medical facility.

Finally, it is understood and agreed that this waiver, release and assumption of risk is binding on the heirs, successors, and assigns of the undersigned.

The undersigned has read the foregoing release and understands all of its terms and conditions. It has been executed voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature of Pastor or Supervisor

\_\_\_\_\_  
Date