

VOLUNTEER WORKER HOLD HARMLESS AGREEMENT

Parish/School/Organization: _____
(Understood to include the Archdiocese of Denver)

Volunteer Worker Name: _____

Address: _____

Phone: _____

Medical Information

Medical Insurance: _____

Doctor: _____ Phone Number: _____

Please read the following information, then sign and date at the bottom of the page:

Volunteers are not employees and are not covered by Workers' Compensation insurance at any time. However, volunteer workers are covered, on a limited basis, by an Accident Policy for injuries which occur while doing the volunteer work. This policy will pay up to \$5,000 for medical expenses **not** covered by the volunteer's own Accident and Health Policy. It does not pay for lost wages or permanent disability.

I have carefully reviewed the information above. I agree to hold harmless and not to sue the above parish/school/organization and the Archdiocese of Denver for any claims for medical expenses, lost wages, permanent disability costs, injury or death benefits as a result of accident or injury while performing volunteer work activities.

I understand that I am responsible for all medical bills if injured while performing volunteer work. If injured, I will be taken to the doctor or hospital specified above. In an emergency I will be taken to the nearest adequate medical facility.

Signed by: _____

Date: _____

Attested by Pastor or Supervisor: _____