



## Volunteer Worker Hold Harmless Agreement 2017-2018

Parish \_\_\_\_\_

### **Volunteer Worker(s):**

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

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

Address \_\_\_\_\_

Email address \_\_\_\_\_

### **Medical Information:**

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

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Volunteer workers who donate time on a regular basis are covered by an Accident Policy for injuries which occur while doing the volunteer work. This policy pays for medical expenses **not** covered by their own Accident and Health Policy (i.e. deductibles or copayments). Our policy may also pay **excess** amounts not covered by the volunteer's own policy. Claims must be submitted to their own insurance first. If they have no other insurance, this policy pays up to a maximum amount of \$5,000 for medical bills. It does not pay for lost wages or permanent disability. Volunteers are not covered by a Workers Compensation policy at any time.

Due to the many serious injuries suffered by volunteers while doing building remodeling and construction work, volunteers may not be used for this type of work.

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

I have carefully reviewed the information above. I agree to hold harmless and not to sue the above parish 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 \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Attested by Pastor or Supervisor \_\_\_\_\_

St. John School does not discriminate on the basis of race, creed, color or national or ethnic