



## **VOLUNTEER WORKER HOLD HARMLESS AGREEMENT**

*Return Completed Form to Parish/School/Ecclesiastical Organization*

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 \$2,500 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: \_\_\_\_\_