



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

MINOR VOLUNTEER WAIVER AND RELEASE OF CLAIM

Return Completed Form to Parish/School/Ecclesiastical Organization

Volunteer's name: _____

Birth date: _____

Sex: _____

Parent/Guardian Name: _____

Home address: _____

Home phone: _____

Work/Cell phone: _____

I, (_____), grant permission for my child, _____, to participate in the following volunteer project(s):

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend,

_____ its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate _____, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of _____ or the Archdiocese of Denver.

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I authorize _____ to authorize and consent to any emergency medical care for my child that he or she reasonably believes necessary. I agree to pay any expenses related to such medical care. I understand and acknowledge that _____ will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while in volunteer service are not covered by any insurance program maintained by the Archdiocese of Denver, and that I am primarily responsible for paying any such expenses.

It is further understood that the undersigned is volunteering his or her time and labor to the above-named project(s). The undersigned acknowledges and understands that as a volunteer, he or she is 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 he or she contributes.

Signature: _____
Parent/Guardian Name

Date: _____