



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 volunteers are not employees or independent contractors 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 a limited amount



for medical expenses not covered by the volunteer's own accident and health policy. It does not pay for lost wages or permanent disability.

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: _____ Date: _____
Parent/guardian name

Appendix V.B