

**ST. CLARE PARISH, CATHOLIC DIOCESE OF BILOXI OFFICE
OF LONG TERM RECOVERY**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND HOLD HARMLESS AGREEMENT FOR AN ADULT
VOLUNTEER**

Parish: _____

Volunteer Activity: _____

Dates of Activity: _____

Name of Volunteer: _____

I wish to volunteer for the Parish in the above named activity. I realize that there are numerous risks involved in the Volunteer Activity described above, including those that may arise due to the negligence of the Parish, the negligence of its employees, agents, or other volunteers or my own negligence. These risks could involve (but are not limited to): illness due to exposure to disease, spores, molds and fungi, sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death; exposure to toxic environmental conditions; exposure to emotionally disturbing conditions or persons; lack of potable water, electricity, running water or sewage; and harsh sleeping conditions. These risks could impair my future ability to earn a living, engage in business, social and recreational activities and to generally enjoy life. I am aware of the various risks and potential injuries that may result from the Volunteer Activity described above.

I assume all responsibility and certify that I am in suitable, good physical condition to actively participate in the Volunteer Activity described above.

I agree to accept all the previously mentioned risks as a condition of my participation in the Volunteer Activity described above.

I certify that I have adequate health and disability insurance that will respond to any illness or injury that may occur during the Volunteer Activity described above. I further understand that the Parish will provide me with a defense for any injuries to others caused by my negligence. This defense, however, is limited to negligent acts and the Parish will not provide a defense for any intentional acts, which result in an injury to another.

I fully understand that the Parish is not providing any health, accident, or disability insurance for me personally in connection with the Volunteer Activity described above.

I agree to protect, defend, hold harmless and fully indemnify the above named Parish, the Archdiocese of Indianapolis, St. Bartholomew Catholic Parish, and the Catholic Diocese of Biloxi Office of Long term Recovery for any claim or cause of action whatsoever arising out of the above mentioned Volunteer Activity, which takes place during the above identified dates, that is brought against the Parish and the Archdiocese of Indianapolis by me, or my family members, whether such claim arises from the alleged negligence of the Parish, the negligence of its employees, agents, or other volunteers or my own negligence.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Volunteer _____ Date _____

Parent signature for Minor Child _____

Name(s) of Minor Child(ren) _____

Please return this form to St. Clare Recovery, P.O. Box 500, Waveland, MS 39576. If you have any questions, please call 317-642-7322 or e-mail jacc1@tds.net. Thank you for answering the Call to Care!