

Volunteer Services Program for Adults and for Youths Sample Release and Hold Harmless Agreement

For volunteers who are under 18:

I/we, _____, being the parent(s) and/or the legal guardian(s) of, _____ do hereby consent to allow _____ to perform volunteer service work for the **(City/County/School/Entity)**. In consideration of being allowed to perform this volunteer service, I/we do hereby release the **(City/County/School/Entity)** and its officials, officers, agents, and employees from liability for any harm, injury or damage which _____ may suffer, sustain, and/or incur while in the course of performing the volunteer work which is assigned. This release applies to all risks which are connected with this work whether foreseen or unforeseen. I/we do understand the supervisor responsible for directing the volunteer work will make an effort to inform _____ of the general hazards involved with the work to be undertaken. This release applies to damages suffered by _____, by myself/ourselves as well as my/our family, heirs, and assigns as a result of any harm or injury which _____ or I/we may suffer.

I/we agree to hold the **(City/County/School/Entity)** and its officials, officers, agents, and employees harmless from any claims made by myself/ourselves, my/our family, estate(s), heirs, or assigns out of _____'s volunteer service for the **(City/County/School/Entity)**.

I/we further agree I/we shall hold harmless, indemnify and defend the **(City/County/School/Entity)**, its officials, officers, agents and employees from any damage to persons or property, resulting from _____'s negligence and/or intentional acts.

I/we further assume the responsibility of the physical fitness and ability to perform the work which is assigned to _____. If I/we do not feel _____ is capable of performing the volunteer work assignment, I/we shall assume the responsibility of informing the volunteer services coordinator.

I/we am/are of lawful age and legally competent to sign this release as the legal guardian(s) of _____ and have signed this document as my/our free act.

I/we have fully informed myself/ourselves of the contents of this release by reading it by signing it. I/we realize that by signing this document I/we am/are giving up legal rights which I/we may be entitled to.

Date / Volunteer's Name

Date / Parent or Legal Guardian (Print & Sign)

Date / Parent or Legal Guardian (Print & Sign)

Emergency Information

In case of emergency, notify: _____

Phone #'s: (Home) _____ (Work) _____

(Mobile) _____ (Pager) _____

(Other) _____

Do you have any medical condition of which we should be aware?

No Yes

If yes, describe: _____

For volunteers who are 18 and over:

I, _____, being over the age of 18, am volunteering to perform service work for the **(City/County/School/Entity)**. In consideration of being allowed to perform this volunteer service, I do hereby release the **(City/County/School/Entity)** and its officials, officers, agents, and employees from liability for any harm, injury or damage which I may suffer, sustain, and/or incur while in the course of performing the volunteer work which is assigned. This release applies to all risks which are connected with this work whether foreseen or unforeseen. I do understand the supervisor responsible for directing the volunteer work will make an effort to inform me of the general hazards involved with the work to be undertaken. This release applies to damages suffered by me, by myself as well as my family, heirs, and assigns as a result of any harm or injury which I may suffer.

I agree to hold the **(City/County/School/Entity)** and its officials, officers, agents, and employees harmless from any claims made by myself, my family, estate(s), heirs, or assigns out of my volunteer service for the **(City/County/School/Entity)**.

I further agree I shall hold harmless, indemnify and defend the **(City/County/School/Entity)**, its officials, officers, agents and employees from any damage to persons or property, resulting from my negligence and/or intentional acts.

I further assume the responsibility of the physical fitness and ability to perform the work which is assigned to me. If I do not feel I am capable of performing the volunteer work assignment, I shall assume the responsibility of informing the volunteer services coordinator.



www.tridentinsurance.net

I am of lawful age and legally competent to sign this release and have signed this document as my free act.

I have fully informed myself of the contents of this release by reading it by signing it. I realize that by signing this document I am giving up legal rights which I may be entitled to.

Date of Signature

Printed Name of Volunteer

Signed Name of Volunteer

Emergency Information

In case of emergency, notify: _____

Phone #'s: (Home) _____ (Work) _____

(Mobile) _____ (Pager) _____

(Other) _____

Do you have any medical condition of which we should be aware?

No Yes

If yes, describe: _____

Trident Insurance Services provides the above program information in order to reduce the risk of insurance loss and claims. The information provided is not intended to include all potential controls or address any insured specifically. Trident also does not warrant that all loss and/or claims will be avoided if the program information is followed. By providing this information, Trident in no way intends to relieve the insured of its own duties and obligations, nor is Trident undertaking, on behalf of or for the benefit of the insured or others, that the insured's property or operations are safe, healthful, or in compliance with any law, rule or regulation. Insureds remain responsible for their own efforts to reduce risks and should consult their own legal counsel for appropriate guidance.