

Volunteer Acknowledgment and Release Form

I, _____ (print name), agree to and acknowledge the following: I am volunteering my time during, and in connection with, the following purpose:

I acknowledge that my decision to provide volunteer services in connection with my time as a volunteer is purely voluntary. I understand that the services I am performing in connection with my time are volunteer services, and that I am performing those services without promise, expectation, or receipt of any compensation (either monetary or in the form of benefits). I offer the volunteer services freely and without direct or indirect pressure or coercion. I understand that my participation is not required.

I hereby release Our Lady of Guadalupe Church La Habra ("OLG LH"), its agents, affiliates, employees, officers, directors, trustees, representatives, attorneys, subsidiaries, divisions, related corporations, assigns, successors, and affiliated organizations (hereafter referred to collectively as "Releasees"), and each and all of them, from and against any and all liabilities, claims, causes of action, charges, complaints, obligations, costs, losses, damages, injuries, attorneys' fees, and other legal responsibilities whether known or unknown, unforeseen or unanticipated (collectively, "Losses"), arising out of or relating in any manner to my role as a volunteer in connection with the my role as a volunteer, including, without limitation, any injury or damage that may be occasioned to me or any other person as a result of my role as a volunteer and/or participating in the activities associated with my role as a volunteer.

I OLG LH's workers' compensation insurance carrier may not be liable for the payment of workers' compensation benefits for any injury or damage that arises out of the volunteer services I will be performing in connection with my activities. I further understand that it is OLG LH's position that any injury arising from my role as a volunteer in connection with the my role as a volunteer would not be compensable under the workers' compensation system or any other form of insurance carried by OLG LH.

I understand that if I have any questions, concerns or problems while I am volunteering in connection with my volunteering I should speak with _____.

Signature

Printed Name

Date