

**ADULT VOLUNTEER HOLD HARMLESS/INDEMNITY AGREEMENT**

PARISH/SCHOOL/AGENCY: Immaculate Conception-St. Mary, Burlington

ACTIVITY PARTICIPANT OR VOLUNTEER: \_\_\_\_\_

DATES OF ACTIVITY: \_\_\_\_\_

TYPE OF VOLUNTEER ACTIVITY: \_\_\_\_\_

The above named ACTIVITY PARTICIPANT OR VOLUNTEER agrees to defend, protect, indemnify and hold harmless the above named PARISH/SCHOOL/AGENCY against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR VOLUNTEER or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY at the above named PARISH/SCHOOL/AGENCY.

The ACTIVITY PARTICIPANT OR VOLUNTEER understands that the PARISH/SCHOOL/AGENCY does not provide any health, accident, or disability insurance for ACTIVITY PARTICIPANT OR VOLUNTEER and certifies that he/she has adequate health and disability insurance that will respond to any illness or injury that may occur during the ACTIVITY.

Additionally, the above named ACTIVITY PARTICIPANT OR VOLUNTEER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH/SCHOOL/AGENCY from any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH/SCHOOL/AGENCY by the above named ACTIVITY PARTICIPANT OR VOLUNTEER or their family members whether such claim arises from the alleged negligence of the PARISH, its employees or agents or ACTIVITY PARTICIPANT or VOLUNTEER'S negligence.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_