

Sts. John & Paul Outreach Senior Connection

Volunteer Application, Release and Waiver of Liability

Name _____ Date _____

Address _____
Street City State Zip Code

Phone # _____ Cell # _____

E-Mail Address _____

Home Repair/Maintenance Skills _____

Notify in Emergency _____ Phone # _____

Medical Insurance _____ Sts John & Paul Member _____

I desire to volunteer with the Sts. John & Paul Senior Connection Program. I understand that the activities may include, but are not limited to, travel to the work sites in the Pittsburgh area, painting, rehabilitating residential or other buildings, patching walls, plumbing repairs, moving and lifting heavy objects, landscaping work, and general construction tasks.

I hereby freely and voluntarily execute this Release under the following terms:

- 1 Waiver and Release.** I release and forever discharge and hold harmless Sts. John & Paul Parish, the site leaders and all participants in the Senior Connection Program, the Diocese of Pittsburgh, the Bishop of the Diocese of Pittsburgh, and the Bishop as Trustee of the Diocese of Pittsburgh from any claim or liability that I may have with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the Senior Connection Program. I also understand that Sts. John & Paul Parish, the site leaders and all participants in the Senior Connection Program, and the Diocese of Pittsburgh do not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
- 2 Insurance.** Sts. John & Paul Parish, the site leaders and all participants in the Senior Connection Program, the Diocese of Pittsburgh, the Bishop of the Diocese of Pittsburgh, and the Bishop as Trustee of the Diocese of Pittsburgh do not carry or maintain, and expressly disclaim responsibility for providing, any health, medical or disability insurance coverage for Volunteers in the Senior Connection Program. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SENIOR CONNECTION VOLUNTEER.

- 3 **Medical Treatment.** I hereby release and forever discharge Sts. John & Paul Parish, the site leaders and all participants in the Senior Connection Program, the Diocese of Pittsburgh, the Bishop of the Diocese of Pittsburgh, and the Bishop as Trustee of the Diocese of Pittsburgh from any claim whatsoever which may arise as a result of any first-aid treatment or other medical services rendered in connection with an emergency during my time as a volunteer with the Senior Connection Program. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my time as a volunteer.
- 4 **Assumption of Risk.** I understand that my volunteering with the Senior Connection Program may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Sts. John & Paul Parish, the site leaders and all participants in the Senior Connection Program, the Diocese of Pittsburgh, the Bishop of the Diocese of Pittsburgh, and the Bishop as Trustee of the Diocese of Pittsburgh from all liability for injury, illness, death or property damage resulting from the activities of my volunteer service with the Senior Connection Program.
- 5 **Other.** It is my desire to further the work of the Sts. John & Paul Senior Connection Program as a volunteer. I undertake to perform these services without compensation and in performing these services I acknowledge that I am not acting as an employee of Sts. John & Paul Parish, the site leaders or participants in the Senior Connection Program, the Diocese of Pittsburgh, the Bishop of the Diocese of Pittsburgh, or the Bishop as Trustee of the Diocese of Pittsburgh

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT, I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ **Date:** _____

If under 18 years old, Parent or guardian must also sign:

Parent's Name (please print): _____

Signature of Parent or Guardian: _____ **Date:** _____