



## **ACKNOWLEDGEMENT OF VOLUNTEER WORK AND WAIVER OF WORKERS' COMPENSATION COVERAGE**

I, the undersigned, understand that I am performing volunteer labor and am therefore not an employee of \_\_\_\_\_ .

In as much as I am not an employee of \_\_\_\_\_, I understand that I am not entitled to Workers' Compensation Benefits should I become injured while performing this volunteer work. I also understand that I am responsible for any medical expenses and/or lost wages incurred as a result of injuries suffered as a result of my volunteer labor.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_