



MARINETTE COUNTY ELDERLY SERVICES

515 North Hwy. 141 - P.O. Box 456
Crivitz, Wisconsin 54114-0456

Telephone 715-854-7453
800-990-4242
Fax 715-854-7472

CHAIN REACTION DAY VOLUNTEER INDEMNIFICATION & HOLD HARMLESS AGREEMENT

In consideration of the volunteer services provided by me to Marinette County Elderly Services' clients, I agree that I shall hold harmless and absolve from liability, Marinette County Elderly Services, its agents and servants, and anyone acting for or on its behalf, from any claims which I might have for ordinary negligence arising out of any service provided by me to such clients.

I recognize that I am providing services to clients without any compensation or special training and I expressly assume the risk of any loss, claim, or injury, whether to person or property, experienced by me as a result of any services performed by me.

By this agreement I expressly absolve Marinette County Elderly Services, its agents and servants, not only for any act of negligence, which may occur, but from any passive negligence of any action. In addition, I agree to indemnify and hold harmless from any lawsuits, costs, expense, including reasonable attorney's fees, incurred by me if subjected to any claim arising out of any services or claimed failure to perform services under this agreement. In executing this agreement I acknowledge the fact that I am a volunteer performing services for clients of Marinette County Elderly Services without any special training, expertise or compensation.

Dated this _____ day of _____, 20____.

(Parent's signature required for
volunteers under 18 years of age)

Volunteer's Name (printed)

Volunteer's Signature

Parent's Signature

THIS FORM MUST BE SIGNED AND RETURNED TO MARINETTE COUNTY ELDERLY SERVICES.