

Volunteer Waiver of Insurance

Open Hands Midway appreciates and depends heavily on the contributions of our volunteers who provide a broad array of services for our programs. Open Hands does not have direct control over all volunteer activities in our programs therefore we cannot possibly extend personal injury insurance to our volunteers.

If you are injured while volunteering for Open Hands you must agree that you will not hold Open Hands accountable for paying any expenses incurred as a result of your injuries. We request that you read the following statement, sign, and date and submit the ORIGINAL copy of this page to the Executive Director of Open Hands to be kept on file. Please keep a copy for your records.

Insurance Waiver:

I, _____, attest to the following statement:
Volunteer Name (Please Print)

As a volunteer at Open Hands Midway, it is my understanding that the organization does not extend personal injury insurance to me and therefore, if I am injured while volunteering for Open Hands Midway, I must rely on my own insurance coverage for any medical expenses incurred.

By signing below, you agree to the above statement

Volunteer Signature _____

Date _____