



### **Volunteer Accident/Injury Policy**

I understand that ExplorationWorks and its staff will take all reasonable precautions to prevent accidents and/or injuries to volunteers. However, I fully understand that some activities involve inherent risks regardless of reasonable safety measures that are taken. I agree to accept responsibility for any loss or injury to that occurs during my minor's volunteer shift that is not the result of fraud, willful injury or the willful or negligent violation of a law by any employee or agent of ExplorationWorks. ExplorationWorks is not responsible for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. Volunteers are not covered under ExplorationWorks' workers compensation coverage.

Parent/Guardian First/Last Name (print): \_\_\_\_\_

Name of minor volunteer: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

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