

**AGREEMENT TO VOLUNTEER
AND TO BE SUBJECT TO THE
WORKERS' COMPENSATION LAWS
OF KENTUCKY**

Louisville/Jefferson County Metro Government (“Metro Government”) and

_____ (Name of “Volunteer”) agree as follows regarding volunteering and Workers’ Compensation Coverage:

- 1) Volunteer agrees to perform volunteer service for Metro Government.
- 2) Metro Government agrees to provide workers’ compensation coverage to Volunteers for any injuries sustained during any volunteer services performed on behalf of Metro Government.
- 3) Metro Government agrees to provide full coverage pursuant to the Kentucky Workers’ Compensation Act (KRS 342, et seq.) to Volunteer, to the extent authorized by law.
- 4) Volunteer accepts the coverage of the Workers’ Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government.

**Louisville/Jefferson County
Metro Government**

Volunteer- Signature

Department: Louisville Zoo

Name- PRINT

Diane Taylor, Volunteer Coordinator
Supervisor

Street Address

Date: _____

City/State/Zip

For Volunteers under Age 18:

If the Volunteer is under the age of 18 years, his or her parent must sign below.

Parent or Guardian

Age of Volunteer