



# LOUISVILLE ZOOLOGICAL GARDEN VOLUNTEER WAIVER

Agreement to Volunteer and to be subject to the Workers' Compensation Laws of Kentucky

Louisville/Jefferson County Metro Government (Metro Government) and \_\_\_\_\_  
(Volunteer) agree as follows regarding volunteering and worker's 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 Worker's Compensation Act (KRS 342, et seq.) to Volunteer, to extent authorized by law.
4. Volunteer accepts the coverage of the Worker's Compensation Act as the sole remedy for any Damages he/she suffers from any and all services performed for Metro Government.

## Zoological Garden Volunteer

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Volunteer Signature Date

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

\_\_\_\_\_  
Parent or Guardian Age of Volunteer Date

## Louisville/Jefferson County Metro Government

\_\_\_\_\_  
Supervisor Date