



**CITY OF LAKE FOREST
VOLUNTEER PROGRAM
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION**

I hereby acknowledge that as a volunteer for the City of Lake Forest in the capacity of _____, I am not an employee of the City of Lake Forest, but that I am covered under the City of Lake Forest's Workers' Compensation plan since the City of Lake Forest has adopted a resolution extending Workers' Compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the City of Lake Forest's Workers' Compensation plan, I expressly agree and acknowledge that Workers' Compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the City of Lake Forest, its employees, officers, agents, other volunteers or officials.

Signature: _____

Print Name: _____

Date: _____

Parent or Guardian Signature (if minor):

Parent or Guardian Print Name (if minor):

Witness: _____