

**ATTACHMENT I  
CITY OF LOS ANGELES AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE  
WAIVER AND RELEASE OF CLAIMS BY PARTICIPANTS**

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In consideration of the City of Los Angeles (hereinafter "City") permitting (check one):

I (an individual)

the GROUP, known as:

\_\_\_\_\_  
(Name of Participant Adopting the Project)

\_\_\_\_\_  
(Name of Group Adopting the Project)

in accordance with my participation in the Board of Public Works, Adopt-A-Median Program, do hereby agree for myself, my heirs, executors, assigns and administrators:

That the City, its officers, agents, and employees shall not be responsible or liable for any injury, damage, loss or expense either to me/our group or my/our property incurred while I/we am cleaning, raking, shoveling, planting, or otherwise improving and beautifying public parkways and median strips, or engaged in similar activities.

I/We further agree to defend, indemnify and hold harmless the City, its officers, agents and employees from all injuries, damages, costs and expenses (including reasonable attorney's fees) that may arise out of, result from, or in any way be connected with the issuance of this permit for purposes described above. This waiver does not apply to injuries and damages that are solely due to the gross negligence or willful misconduct of the City or its officers, agents or employees.

I/We hereby represent that I/we have carefully read and understand the contents of this document and sign the same of my/our own free will.

Signature of Representative on Behalf of Group: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Signature of Parent/Guardian if Participant is under 18 y/o: \_\_\_\_\_

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

City of L.A. Office Use Only:

Cognizant City Department: \_\_\_\_\_

Department Contact: \_\_\_\_\_

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Section 4: **CITY INSURANCE & BOND PROGRAMS**  
No. 4.01: **CITY VOLUNTEERS' INSURANCE POLICY**

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REFERENCES: LA City Volunteer Worker Insurance Summary  
Claim Form - Accidental Medical Expense  
Claim Form - Accidental Dismemberment  
Accidental Death Claim Instructions  
Claim Form - Accidental Death

**I. PURPOSE**

The City provides limited accidental death and dismemberment and accident medical expense insurance for all regular City Volunteers. This insurance provides protection for those who volunteer their time in service to the City either by serving on boards or working at several different City tasks without monetary compensation. Volunteers who work in the Police Department as police reserve officers and in the Department of Animal Regulation as animal control officers are also eligible for workers' compensation benefits under a separate program.

The City's volunteer insurance program is designed for all regular volunteers and is not intended for court-referred volunteers. For court-referred volunteers see Procedure 4.02, VOLUNTEERS – ALTERNATE SENTENCING PROGRAM.

**II. BACKGROUND**

This program is designed to protect regular City volunteers under the following provisions:

- A. Accidental Death and Dismemberment. A maximum benefit of \$25,000 is available.
- B. Accident Medical Expense. This coverage is excess over the volunteer's personal medical insurance. If the volunteer has no medical insurance, this coverage will act as his/her primary policy. The volunteer may go to the physician of his/her choice. Limits of \$25,000, per occurrence, are available.

**III. RESPONSIBILITY**

All coordinators or supervisors of volunteers.

**IV. PROCEDURE (*Filing of Claim*)**

- A. Notify the Mayor's Volunteer Corps, City Hall, of all claims. The Director of the Mayor's Volunteer Corps office is located in City Hall at the following

address: 200 North Spring Street, Room 303, Mail Stop 370, Los Angeles, CA 90012. The main **public** telephone number is (213) 922-9737 and the **internal** City telephone number is (213) 978-0645. The fax telephone phone number is (213) 978-0650 and the email address is [volunteer@lacity.org](mailto:volunteer@lacity.org). To report a personal injury, complete the appropriate claim form. If you do not have this claim form, upon request, one will be sent to you from the Volunteer Corps along with procedures on how to complete the form. A copy of the completed claim form should also be sent or faxed to CAO Risk Management at 200 North Main Street, Room 1240 City Hall East, Mail Stop 132, Los Angeles, CA, 90012; fax (213) 978-7616. NOTE: The Mayor's Volunteer Corps is prepared to answer any of your questions. If no one is available to assist you, telephone CAO Risk Management at City Hall East, 213-978-RISK(7475).

- B. DO NOT deny or encourage any claim. Process the claim and let the insurance company determine the validity of the claim. The accident/injury policy is designed to reimburse the volunteer for medical expenses resulting from an accident. The policy also provides a benefit for accidental death or loss of limb or sight.
- C. It is important that a log be kept of all volunteers by name, with a brief job description and the number of hours the volunteer worked. Insurance premiums are determined by the number of volunteers and the number of hours worked. These logs may be ordered from the Mayor's Volunteer Corps. They must be submitted on a *quarterly* basis (January, April, July and October) to your department Volunteer Coordinator who, in turn, will submit them to the Mayor's Volunteer Corps at Mail Stop 370.
- D. It is important that the volunteer submit a claim to his/her own insurance company (if any) promptly, as some companies have a time limit imposed on receiving accident claims. By doing so, the volunteer receives the maximum amount of insurance protection, and there is no penalty in terms of premiums or renewals on the accident portion of group health insurance policies.
- E. The reporting procedures and forms discussed above are primarily for the benefit and protection of the volunteer. They also protect the City of Los Angeles from claims covered by commercial insurance. No reports or forms are required by the Volunteer Corps if, after being fully informed of the City's insurance coverage, the volunteer elects not to submit a claim. A decision by a minor not to file a claim must be confirmed by a parent or guardian, preferably in writing.

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