

# Volunteer Indemnity

- > I hereby confirm that I shall release and not hold HCA or any of its administrators, directors, employees, servants or agents liable in any way whatsoever for any loss, bodily injury, mishap, accident and/or loss of life arising directly or indirectly, as a result of or in connection with my participation as a volunteer
- > I accept that HCA will do all that is necessary to ensure that my safety is not compromised in any way. Please note that any first aid or medical treatment provided by HCA to me shall be completely at its discretion, and on a purely compassionate basis only. No provision of first aid or medical treatment administered to me shall be tantamount to an admission of liability by HCA for any injury that I may sustain during my participation as a volunteer.