



DECLARATION OF UNDERSTANDING – City of Medicine Hat Volunteers

Section 14(5) of the Workers Compensation Act (“Act”) states:

The (Workers Compensation) Board may, on application by an employer or prospective employer proposing to engage persons in any volunteer activity in which the remuneration, if any, is nominal, order that those persons are deemed to be workers to whom this Act applies.

The Workers Compensation Board has ordered, under section 14(5) of the Act, that volunteers for the City of Medicine Hat are deemed to be workers of the City of Medicine Hat for the purposes of the Act. Therefore, the Act applies to volunteers of the City of Medicine Hat.

If I am injured while volunteering and performing work for the City of Medicine Hat in a voluntary capacity, I understand that I can claim Workers Compensation benefits. I also understand that I cannot sue the City of Medicine Hat or any other employer or worker covered under the Workers Compensation Act.

I, _____,
(print name)

understand that by signing this declaration, I am acknowledging my awareness of the above.

Volunteer Signature

Witness Name (print)

Witness Signature

Date

Submit completed form to the Parks and Recreation Administrative Coordinator. Form will be submitted to City of Medicine Hat - Occupational Health