

**Consulting Indemnification**

This agreement, hereinafter "Agreement" entered into this (Date) \_\_\_\_\_ between \_\_\_\_\_, hereafter referred to as the 'client' and Dale O. Wolery, Executive Director of the Clergy Recovery Network, a Montana nonprofit religious corporation. Corporate ID Number 46-0482693.

**Indemnification**

The client agrees subject to Montana Statutes to hold harmless and indemnify Dale O. Wolery of Clergy Recovery Network, its employees, officers, volunteers and agents from any and all liability, loss, costs, damages, and expenses which he or she may sustain or incur by reason of any judgment entered against Dale O. Wolery or Clergy Recovery Network, its employees, officers, volunteers and agents because of the consulting/mentoring, guiding or leadership work done by Dale O. Wolery either directly or indirectly. I/we agree to hold harmless and indemnify any persons associated with Clergy Recovery Network from any and all liability, loss, costs, damages and expenses including advice given, intervention held, face to face meeting, email, written or other interaction which I deem to injure me or others inside or outside our organization. I accept full responsibility for my/our choices and actions which result from interacting with all of the above. I understand Dale Wolery is not a licensed counselor and is merely consulting and mentoring as a pastor.

**Defense**

The client agrees subject to Montana Statutes, to pay, as incurred, the fees of an attorney of Wolery's choosing or one negotiated by Wolery and the client in defending Wolery, the Clergy Recovery Network, it employees, officers, volunteers and agents against any action that may arise out of Wolery's consulting/mentoring or leadership work or any other activity of the Clergy Recovery Network, its employees, officers, volunteers and agents.

**Authority**

By signature below I attest I am acting on behalf of the organization listed below and I have full rights, responsibility and authority to sign the Agreement on its behalf. My signature indicates all of the necessary corporate actions have previously occurred giving me the authority to act on behalf of and to fully bind said corporation to this Agreement.

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Organization's Phone: (\_\_\_\_) \_\_\_\_\_

Corporate ID Number of the Organization: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax Number: (\_\_\_\_). \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ Number: \_\_\_\_\_

For the Clergy Recovery Network:

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

Dale O. Wolery, Clergy Recovery Network, 313 Second Avenue, Joplin, MT 59531  
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