



City of Boulder Volunteer Risk and Release Form

Dept./Project/Group Name: _____

Dates: _____

Name (first,last): _____

Email: _____

Mailing Address (optional): _____

City: _____

State: _____

Zip: _____

Phone (H/W/M): _____

Emergency Contact: _____

(Name)

(Relationship)

(Phone)

I, the undersigned, agree for myself or for my minor child/ward, to volunteer for the City of Boulder, and understand and agree to the following:

1. I will follow instructions of my placement and perform my service to the best of my ability.
2. I acknowledge that there are dangers and risks incurred as a result of participating in activities connected or associated with volunteering; and I knowingly assume all risk for any injuries, death, damage or loss to my person, including but not limited to: falling down, tripping, bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts, scrapes; choking; allergies; heat stroke, heat exhaustion, sunburn or other injuries; and/or any damage or loss sustained to my personal property.
3. In the event of any emergency, I authorize City of Boulder officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered.
4. I agree to pay for any intentional damage sustained to City property as a result of my participation in activities. Payment shall be made directly to the City of Boulder within thirty days of receipt of damage invoice.
5. I waive and relinquish all claims I may have as a result of my participation as a volunteer against the City of Boulder and its officers, agents, servants and employees. Further I agree to indemnify, defend and hold harmless the city of Boulder against any claims already made and claims that may be made in the future.
6. I act only as an authorized volunteer and do not function as an employee, agent or representative of the City of Boulder.
7. I give permission for media coverage of myself and/or my minor child/ward to be disseminated for public relations purposes without personal compensation.

8. This Acknowledgement of Risk and Release is valid for a period of 1 year from the date executed below.

9. I understand that volunteers can be let go at any time.

VOLUNTEER RIGHTS

While serving as an Authorized Volunteer for the benefit of, and involved in the activities at the request of, the City of Boulder, volunteers are provided the protection of the Colorado Governmental Immunity Act, Colorado Revised Statutes Section 24-10-101 (et. Seq.); 24-10-103(4)(a) and are subject to the applicable provisions of the Act. The Act does not cover any willful and/or wanton behavior including, but not limited to, sexual harassment, racial or gender discrimination, drug and/or alcohol use.

I acknowledge and understand the terms of the City of Boulder's Risk and Release Form. This acknowledgment of risk and release shall not be modified orally. All minor's signature must be accompanied by the signature of the parent or guardian.

Volunteer Name (printed)

Signature of parent or guardian (if volunteer is a minor)

Volunteer Signature

Date – Effective for one year from date signed