



**CITY OF BOULDER OPEN SPACE AND MOUNTAIN PARKS**  
**Volunteer Acknowledgment of Risk and Release**

**Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Have you volunteered for OSMP before? \_\_\_\_ Yes \_\_\_\_ No

If yes, which project/program, and when? \_\_\_\_\_

Would you like to be notified of other volunteer projects? \_\_\_\_ Yes \_\_\_\_ No

**Name (Please Print!):** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**Best Phone:** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

I, the undersigned, for myself or for my minor child/ward, agree to the following:

1. I will follow instructions of my placement and perform my service to the best of my ability.
2. I waive and relinquish all claims I may have as a result of my participation in activities 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 claims by any person, firm, or corporation made pursuant to my participation in activities, including claims already made and claims that may be made in the future.
3. I agree to pay for any 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.
4. 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, damage or loss to my person such as: 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 property.
5. 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.
6. I act only as a civilian volunteer and do not function as an employee or agent of Open Space and Mountain Parks and/or 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. (CROSS OUT if you do not give this permission.)

**Name (printed):** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**\*\*Voluntary medical information on the back side\*\***



**MEDICAL HISTORY FORM**

**THIS FORM IS VOLUNTARY AND INTENDED SOLELY FOR REFERENCE  
IN CASE OF EMERGENCY**

**Do you have any allergies?** yes / no (please circle)

If yes, please list:

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**Please list any medical conditions that you have** (for example, asthma, diabetes, epilepsy):

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**Please list any regular medications you require** (include dosage):

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**Please list any current or recurring injuries:**

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