City of Boulder – Parks and Recreation

Volunteer Acknowledgment of Risk and Release

P.O. Box 791, Boulder, CO 80306
303-441-7245

Project: _Diamond Baseball of Boulder Legion Baseball Date:_____

Have you volunteered for Parks and Recreation before? _____ Project _____

Name (first, last):_____

Mailing address: _____

City: _____ State: _____ ZIP: _____

E-mail _____

Primary Phone (H/W/Mobile): _____2nd Phone (H/W/Mobile): _____

Emergency contact: _____
Name *Relationship* *Phone*

I, the undersigned, agree for myself or for my minor child/ward, to volunteer for City of Boulder Parks and Recreation, 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 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 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.
5. I act only as a civilian volunteer and do not function as an employee, agent or representative of Parks and Recreation and/or the City of Boulder.
6. 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)
7. This Acknowledgement of Risk and Release is valid for a period of 5 years from the date executed below.
8. I give permission for my name and address to be shared with other volunteer organizations. (**CROSS OUT** if you do not give this permission)

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, Department of Parks and Recreation, volunteers are provided the protection of the Colorado Governmental Immunity Act Section 24-10-101 (et. seq.) 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 City of Boulder Parks and Recreation with Boulder Moutainbike Alliance risk and release. 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.

_____ _____

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

_____ _____

Volunteer Signature **Date**