

City of Longmont
Volunteer Acknowledgment of Risk and Release 7 S. Sunset Street, Longmont, CO 80501 (303) 651-8446

| Project: | | Гoday's Date: | |
|---|---|---|--|
| Volunteered for Parks and Open Space | ce before: YES NO Previous Project: | · | |
| Name (first, last): | | | |
| Address: | | | |
| | State: | Zip: | |
| Email: | | | |
| Primary Phone #: | Alternate Phone #: | | |
| Emergency Contact Name: | Relationsh | Relationship: | |
| Emergency Contact Phone Number: _ | | | |
| This acknowledgement of risk and releachild(ren)/ward, to volunteer for the City | terms of the City of Longmont's Acknowledgement of use shall not be modified orally. I, the undersigned, agrey of Longmont, and understand and agree to the follow | ee for myself and/or for my mino ving: | |
| dangers and risks incurred as a re assume all risk for any injuries, bumping; back, bone, joint, head | placement and perform my service to the best of my all esult of participating in activities connected or associated, death, damage or loss to my person, including but not l, neck, muscle or spinal injuries or strains; cuts, scrapes; uries; and/or any damage or loss sustained to my propert | with volunteering; and I knowing! t limited to: falling down, tripping choking; allergies; heat stroke, hea | |
| medical personnel any treatment | ey, I authorize City of Longmont officials to secure from any licensed hospital, physician and/onent deemed necessary for my immediate care, including ambulance transport. Further, I agree payment of any and all medical services rendered to me and/or my minor child(ren)/ward. | | |
| hold harmless the City of Longm | laims I may have on behalf of myself and my minor child(ren)/ward, and agree to indemnify an ongmont from any claims that may arise, as a result of my participation as a volunteer against th fficers, agents, contractors, servants, and employees. | | |
| | unteer and do not function as an employee, agent, or representative of the City of Longmont. t I am not entitled to worker's compensation benefits. I agree not to offer my opinion concerning ity or any hired contractor. | | |
| | (photo, video, audio, etc.) captured of myself and/or my minor child(ren)/ward to be disseminate s by the City of Longmont organization and staff. | | |
| | s Acknowledgment shall include the plural. All agreem r child(ren)/ward listed below, <i>if applicable</i> . | nents I undertake for myself, I also | |
| 7. This Acknowledgement of Risk | and Release is valid only for the duration of the Project | referenced above. | |
| | Inteer for the benefit of and involved in the activities at the protection of the Colorado Governmental Immunity Acprovisions of the Act. | | |
| ndemnification, and that this acknowledgn xecutors, assigns, and transferees. By elec | nat I have read, understood, and voluntarily agree to in ment is binding on me and/or my minor child(ren)/ward, ctronically signing this Risk and Release, I consent to t ic signature is intended to authenticate this document of | , successors, representatives, heirs the terms and conditions contained | |
| Name:(Printed) | Date: | | |
| Additional Name: | Additional Name: | | |

(Parent/Guardian Signature if Volunteer is a minor)

Signature: