



Beards, Bonnets & Brews+

June 12th , 2021
Rock Ledge Ranch



Volunteer Registration Form

All fields are required.

First Name

Last Name

Date of Birth

Street Address

City

State

Zip

Email

Cell Phone (Day of Contact)

Organization or Group Affiliation (If applicable)

Availability:

(check all that apply)

FULL 8am - 12:30pm **FULL** 12pm - 4:30pm

4pm - 8:30pm

**In appreciation of your time and efforts, you will be provided a \$10 Food Truck Voucher
Pick Up between 2pm - 4pm**

Physical Restrictions:

(Check all that you **CANNOT** do during your shift)

Heavy Lifting

Sitting long periods of time

Standing/walking long periods of time

Other (Please specify):

Informed Consent and Release

I, (Volunteer Name) _____, offer to volunteer my services for the Beards, Bonnets, and Brews (Event) produced by the City of Colorado Springs (City). I understand that I am working at all times on a voluntary basis, and will not be paid in any way and that this agreement can be canceled at any time by the Event, City, or by me. The City or Event may use my photo for any publications and/or productions.

I acknowledge that this event is open to the public and that the City of Colorado Springs is not responsible for screening other volunteers or members of the public for any infectious disease. I voluntarily assume the risk of exposure to infectious diseases by attending the Event, and understands that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected any infectious disease may result from the actions, omissions, or negligence of self and others, including, but not limited to, City employees, volunteers, and event participants and their families.

I release the City of Colorado Springs and the Parks, Recreation and Cultural Services Department and project sponsors, their employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to property or myself. This release applies to any losses or injuries, which may occur as a result of, or during my participation in volunteer service.

I realize that this release is a binding contract. I have read and do understand it. I knowingly and voluntarily sign below.

Participant Signature/Parent Guardian (Click above to insert digital signature)

Date

Parent/Guardian Printed Name (If Applicable)

Please submit completed forms to desirae.tucker@coloradosprings.gov

****Additional information, including your volunteer assignment, will be provided the week before the event****