



INFORMED CONSENT AND RELEASE

Parent/guardian must sign if the volunteer is a minor

I, (PLEASE PRINT) _____, offer to volunteer my services to the City of Colorado Springs Department of Parks, Recreation and Cultural Services Department. 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 Department or by me. **The City may use my photo for any publications and/or productions.**

If I am injured while volunteering for the Department, I **MAY** be covered by medical insurance purchased by the Department. In order to be eligible for such coverage, I understand I must follow the guidelines established by the Parks, Recreation and Cultural Services Department's policies, procedures, rules for safety and any other regulations pertaining to this program. **The Department and the City are not promising to provide medical coverage, and may under certain circumstances, restrict or discontinue it at any time without notice to me. I understand that I should obtain my own separate medical insurance.**

I also acknowledge that programs are 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 City Facilities 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 program 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, which might occur due to negligence or other acts or omissions. 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.

***The City of Colorado Springs reserves the right to refuse utilizing youth 9 and younger and will not include them in insurance coverage.**

Volunteer Project Location:

Volunteer Name (Print): _____ D.O.B.: ____/____/____

Address: _____

Email: _____ Phone: _____

Volunteer Signature: _____ Date: ____/____/____

Signature of Parent/Guardian if Volunteer is a minor (under 18)

Name of Parent/Guardian (Print) if Volunteer is a minor (under 18)

Date: ____/____/____