

City/Town of Black Hawk
Volunteer Activities Waiver, Release and Indemnification

THIS IS A RELEASE OF LIABILITY, PLEASE READ CAREFULLY BEFORE SIGNING

In return for receiving permission from the City/Town of **Black Hawk** (the “City”/“Town”) to allow me to participate as a volunteer in the following activities sponsored or conducted by the City/Town or occurring on City/Town property: **The City of Black Hawk** (the “Activities”), the undersigned hereby voluntarily enters into this waiver, release and indemnification.

I realize that the Activities are or may be dangerous and do or may involve risks, including but not limited to, risks of bodily injury, personal injury, death, and property loss or damage. I am aware of these risks and further acknowledge that these and other risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the Activities. By signing this agreement, I hereby voluntarily assume all such risks of injury, death, loss or damage arising out of or related to my participation in the Activities, whether or not caused by the act, omission, negligence or other fault of the City/Town, its officers or its employees, or by any other cause, excepting only willful and wanton conduct of the City’s/Town’s officers or employees.

By signing this agreement, I hereby waive, exempt, release and discharge the City/Town, its officers, employees and insurers, from any and all claims, demands and actions for any injury, loss or damage arising out of or related to the Activities, whether or not caused by the act, omission, negligence or other fault of the City/Town, its officers or its employees, or by any other cause, excepting only willful and wanton conduct of the City’s/Town’s officers or employees. I understand that no volunteer is insured by the City’s/Town’s workers compensation insurance.

For and on behalf of myself, my successors, representatives, heirs, executors and assigns, I hereby agree to indemnify and hold harmless the City/Town, its officers, employees and insurers, from and against any and all liabilities, claims and demands, including any third party claim asserted against the City/Town, its officers, employees or insurers, on account of any injury, death, loss, or damage of any kind whatsoever resulting from my participation in the Activities, whether or not caused by the act, omission, negligence or other fault of the City/Town, its officers or its employees, or by any other cause, excepting only willful and wanton conduct of the City’s/Town’s officers or employees.

I authorize the City/Town to obtain medical attention for me (and my child) in case of emergency if unable to reach the physician stated below, and I hereby release the City/Town, its officers, employees and insurers, from any and all liabilities, damages, actions or causes of action arising from the procurement of such medical attention for me (or my child).

I agree that I will not perform any work beyond the scope of Activities outlined above, that I agree to abide by all rules and regulations governing City/Town volunteer activities, and to follow the instructions of City/Town staff while participating in the Activities. I am participating in the Activities solely as a volunteer, gratuitously and without any expectation of any compensation.

By signing this agreement, I acknowledge and agree that said agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance of this agreement shall continue in full force and effect.

I hereby acknowledge and agree that I have read, understood, and voluntarily agree to the foregoing waiver, release, and indemnification agreement, and that this agreement shall be binding on me, my successors, representatives, heirs, executors and assigns.

Participant - Print Name:

Participant's Signature:

Date of Signature:

Address:

City:

Zip:

Phone:

Email:

PARENT SIGNATURE AND DATE FOR PARTICIPANT UNDER 18 YEARS OLD

By signing below, I acknowledge that I am the parent of the above-named participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and, in addition to execution of the foregoing on behalf of the participant, I hereby waive and release any prospective claim of the participant against the City/Town, its officer and its employees for negligence, to the extent provided by C.R.S. Section 13-22-107(3), in connection with the Activities.

Parent - Print Name: N/A

Parent's Signature: N/A

Date of Signature: N/A

Emergency Contact Name: N/A Phone: N/A

Name of Physician: N/A

Phone: N/A

VOLUNTEER ACTIVITIES INVOLVING DRIVING

If the Activities involve driving, I hereby certify by my signature below that I have obtained automobile liability insurance in the minimum amount required by the laws of the State of Colorado written by a company authorized to do business in Colorado and that I will maintain such insurance coverage during the time that I serve as a City/Town volunteer.

Participant - Print Name: N/A

Participant's Signature: N/A

Participant's Driver's License Number: N/A

Automobile Liability Insurance Carrier Name, Policy Number, Amount of Coverage: N/A

I do not wish to be placed on an email or mailing list for future projects: N/A (check here)

I do not give permission for media coverage of myself and/or my minor child/ward to be disseminated for public relations purposes: N/A(check here)

CIRSA VOLUNTEER ACCIDENT MEDICAL PLAN
2023 Registration
For Volunteers and Volunteer Unsworn Rangers and/or Patrol

PARTICIPANT'S NAME: _____

VOLUNTEER ☒ VOLUNTEER UNSWORN RANGERS and/or PATROL ☐ (Indicate one)

POSITION OR ACTIVITY: Clean-up Day

APPROXIMATE NUMBER OF HOURS PER DAY OR WEEK: 6 hours

DATE(s) OF SERVICE: May 30, 2024

DESCRIPTION OF DUTIES: pick up trash

Entity Information
Entity: City of Black Hawk
Name of Contact: Melissa Greiner
Department/Program Name: City Clerk/ Administrative Services Director
Phone Number: 303-582-2292