



TOWN OFFICE USE ONLY	
Date Received: _____	By: _____

VOLUNTEER WAIVER

The following form must be completed for any person participating in volunteer work in the Town of Palmer Lake. This form shall be submitted to the Town of Palmer Lake for Administrative review.

VOLUNTEER INFORMATION

Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent or Legal Guardian (if Participant is under age 18):

Name: _____ Phone: _____

Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

- I DO DO NOT wish to be placed on an email or mailing list for future projects.
 I DO DO NOT give permission for media coverage of myself and/or my minor child to be disseminated for public relation purposes.

VOLUNTEER ACTIVITIES INVOLVING DRIVING

For volunteer activities that require driving, automobile liability insurance is required. Provide your automobile insurance information:

Name: _____ Driver's License State/#: _____

Insurance Carrier: _____

Policy #: _____ Coverage Amount: \$ _____

APPLICANT ACKNOWLEDGEMENT

FOR ALL ACTIVITIES THAT INVOLVE DRIVING, I HEREBY CERTIFY THAT I HAVE OBTAINED AUTOMOBILE LIABILITY INSURANCE IN THE MINIMUM AMOUNT REQUIRED BY LAWS OF THE STATE OF COLORADO WRITTEN BY A COMPANY AUTHORIZED TO DO BUSINESS IN COLORADO, AND I WILL MAINTAIN SUCH INSURANCE COVERAGE DURING THE TIME I SERVE AS A VOLUNTEER. BY SIGNING BELOW, I HEREBY CERTIFY THAT I AM THE PERSON WHOSE NAME APPEARS ON THIS FORM. I UNDERSTAND THAT A DIGITALLY SIGNED COPY OF THIS DOCUMENT TRANSMITTED BY EMAIL SHALL BE DEEMED TO HAVE THE SAME LEGAL EFFECT AS DELIVERY OF AN ORIGINAL SIGNATURE FOR THE PURPOSES OF VALIDITY, ENFORCEABILITY, AND ADMISSIBILITY.

_____	_____	_____
Signature	Printed Name	Date

THIS IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING:

In return for being allowed to participate as a volunteer in the following activities sponsored by or conducted by the Town or occurring on Town property:

_____ (the "Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", "my", or "the Undersigned"), hereby voluntarily enters into this waiver, release, and indemnification. **Initial each statement below.**

I, the Undersigned, understand and acknowledge 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 Town, its officers, or its employees, or by any other cause, excepting only willful and wanton conduct of the Town's officers or employees.

By signing this agreement, I hereby waive, exempt, release, and discharge the 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 Town, its officers, or its employees. I understand that no volunteer is insured by the 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 Town, its officers, employees, and insurers from and against any and all liabilities, claims, and demands, including any third party claim asserted against the 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 Town, its officers or its employees, or by any other cause, excepting only willful and wanton conduct of the Town's officers or employees.

I, the Undersigned, authorize the 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 Town, its officers, employees, and insurers, from any and all liabilities, damages, actions, or causes of action arising from procurement of such medical attention for me (or my child).

I, the Undersigned, agree to abide by all rules and regulations governing Town volunteer activities and to follow the instructions of Town staff while participating in the Activities. I am participating in the Activities solely as a volunteer, gratuitously and without 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, the Undersigned, 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. BY SIGNING BELOW, I HEREBY CERTIFY THAT I AM THE PERSON WHOSE NAME APPEARS ON THIS FORM. I UNDERSTAND THAT A DIGITALLY SIGNED COPY OF THIS DOCUMENT TRANSMITTED BY EMAIL SHALL BE DEEMED TO HAVE THE SAME LEGAL EFFECT AS DELIVERY OF AN ORIGINAL SIGNATURE FOR THE PURPOSES OF VALIDITY, ENFORCEABILITY, AND ADMISSIBILITY.

Signature Printed Name Date

FOR PARTICIPANTS 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 TOWN, ITS OFFICERS, AND ITS EMPLOYEES FOR NEGLIGENCE, TO THE EXTENDED PROVIDED BY THE C.R.S. SECTION 13-22-107(3), IN CONNECTION WITH THE ACTIVITIES. I UNDERSTAND THAT A DIGITALLY SIGNED COPY OF THIS DOCUMENT TRANSMITTED BY EMAIL SHALL BE DEEMED TO HAVE THE SAME LEGAL EFFECT AS DELIVERY OF AN ORIGINAL SIGNATURE FOR THE PURPOSES OF VALIDITY, ENFORCEABILITY, AND ADMISSIBILITY.

_____ Printed Name _____ Date _____
Parent/Legal Guardian Signature

Form may be signed electronically by typing your name in the Signature field or manually by printing the form and signing by hand. The form may be submitted electronically by saving it to your computer and attaching it to an email to info@palmer-lake.org. Applicable fees may be paid online at www.townofpalmerlake.com/make-payment. Alternatively, forms and payments may be turned in at the Town office.