Community Safety & Well-Being www.adcogov.org



4430 South Adams County Parkway 1st Floor, Suite W2000B Brighton, CO 80601-8218 PHONE 720.523.6800 Fax 720.523.6967

2022 VOLUNTEER WAIVER & RELEASE FROM LIABILITY

By my signature below, I certify that I have read, understand, and accept the following representation, stipulations, and waiver. I understand that I am being considered for a volunteer position with the Adams County Department of Community Safety & Well-Being and that I am not entitled to any benefits of employment or any of the rights and guarantees afforded to Adams County employees. I understand that my position as a volunteer can be terminated at any time, for any reason, and that I have no legal right to continued participation as a volunteer. I further understand that Adams County, the Adams County Department of Community Safety & Well-Being, the Adams County Department of Parks, Open Space, & Cultural Arts, property owners, or lessees will not accept financial or legal liability for any injury or occurrence arising from Adams County Department of Community Safety & Well-Being activities and that accordingly, my participation in such activities must be at my own risk.

I understand that my operation of any type of vehicle in this event subjects me to all laws and requirements respecting operation of that vehicle, and I agree to abide by all applicable laws. I agree that I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by Colorado law. I agree to abide by all of the policies and procedures of Adams County, the Adams County Department of Community Safety & Well-Being, and Adams County Department of Parks, Open Space, & Cultural Arts. I agree that I will not engage in any activities on behalf of the County without the express permission of my supervisor and that I will only perform those duties specifically assigned to me.

I hereby waive, for myself, my personal representatives, heirs and next of kin, all claims which I might have against Adams County, the Adams County Department of Community Safety & Well-Being, the Adams County Department of Parks, Open Space & Cultural Arts, property owners, or lessees; and any of them in combinations, and their officers, directors, agents, employees or contractors for injury, accident, illness, property damage, death or other occurrence arising in any manner whatsoever out of my participation in activities sponsored by the Adams County Department of Community Safety & Well-Being. I expressly assume all risks of my participation in the Adams County Department of Community Safety & Well-Being.

Furthermore, I agree to indemnify, save and hold harmless Adams County, the Adams County Department of Community Safety & Well-Being, The Adams County Department of Parks, Open Space, and Cultural Arts, property owners, or lessees, and any of them in combinations, and their officers, directors, agents, employees, or contractors from any and all losses, costs, damages, expenses and attorney's fees arising out of my participation as a volunteer or the participation of persons who accompany me in Adams County Department of Community Safety & Well-Being related activities.

BOARD OF COUNTY COMMISSIONERS

By my signature, I acknowledge that I have read and understood the releases and waivers contained herein.

Volunteer: _____ Date_____

Signature

Volunteer: _____ Please Print First and Last Name

If volunteer is between 16-17 years old:

Volunteer Date of Birth:_____

I understand that in order to volunteer with the Adams County Department of Community Safety & Well-Being, I must be physically present with the underage volunteer in my custody during all volunteer activities assigned:

Legal Guardian:		Date
-	ignature	

Legal Guardian: ______ Please Print First and Last Name