

Gardens on Spring Creek

Volunteer Liability Waiver and Release Statement

All Volunteers, please complete this portion:

I _____ understand and am aware that participation as a volunteer at the Gardens on Spring Creek may involve physical work including bending and lifting, and other inherent risks and hazards, including the risk of injury. As consideration for being able to participate in the Event, I release the City of Fort Collins, its officers, agents, volunteers and employees and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my property, or loss of any other sort arising out of or related to my participation in the Event, whether the result of the negligence of the City of Fort Collins or any other person. I agree to indemnify the City of Fort Collins, its officers, agents, volunteers and employees and to be responsible for all harm, injury or damage I cause to any persons, property or equipment in conjunction with the Event. I hereby give consent for emergency medical care as prescribed by a medical professional.

I understand that I will not be paid or receive any other remuneration for my services as a volunteer with the City. I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Signature _____ Date _____

Print name: _____

Address: _____

Name of organization: _____

If Volunteer is under 18, parent please ALSO complete this portion:

As parent or guardian of _____, a minor child, I understand and am aware that my child's participation as a volunteer in the Get Down and Dirty Compost Festival ("Event") at the Gardens on Spring Creek may involve physical work including bending, lifting, and other inherent risks and hazards, including the risk of injury. Recognizing those risks and hazards, I hereby give my consent and approval to my child's participation.

As consideration for my child's being able to participate in the Event, on behalf of myself and my child, I release the City of Fort Collins, its officers, agents, volunteers and employees and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my child, my property, or loss of any other sort arising out of or related to participation in the Event, whether the result of the negligence of the City of Fort Collins or any other person. I agree to indemnify the City of Fort Collins, its officers, agents, volunteers and employees and to be responsible for all harm, injury or damage caused by my child to any persons, property or equipment in conjunction with the Event. I hereby give consent for emergency medical care prescribed by a medical professional under whatever conditions are necessary to preserve the well-being of my child.

I understand that my child will not be paid or receive any other remuneration for services as a volunteer with the City. I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Name of Parent or Guardian :*(please print)* _____

Signature of Parent or Guardian: _____ Date: _____

Address: _____