



**VOLUNTEER
INFORMED CONSENT AND RELEASE**



Starsmore Discovery Center
2120 S. Cheyenne Canon Road Colorado Springs, CO 80906 719.385.6086

Name _____ Program/Event _____ Date _____

Address _____ City _____ State _____ Zip _____

Best Contact Number (Home Cell) _____

Emergency Contact Name _____ Number _____

I, _____ hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement/participation or immediate dismissal at any time during the period of my placement/participation. I understand that I am working/participating at all times on a voluntary basis without compensation and not as a paid employee, and that this relationship can be cancelled at any time by me or the Parks, Recreation and Cultural Services Department.

If I am injured while volunteering/participating for the Department, I MAY be covered by medical insurance purchased by the Department. In order to be eligible for such coverage, I understand that they 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 restrict or discontinue it at any time without notice to me. I understand that I should obtain my own separate medical insurance.

I release the City of Colorado Springs and the Parks, Recreation and Cultural Services Department, their employees, agents, leaders, instructors, contractors, and volunteers from any liability for loss or injury to me or my property 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 their participation in, volunteer/enrichment activity.

I realize that this release is a binding contract. I have read and do understand it. I also understand that my acceptance in a volunteer/participant position is contingent upon meeting the position, training and scheduling requirements of that position. I further understand that the Parks, Recreation and Cultural Services department cannot guarantee supervision for me at times other than those I am scheduled to volunteer/participate.

Transportation Authorization:

By checking the box below, I, as volunteer or participant willingly ride the City's bus or van that is providing transportation to and from field trip destinations.

Yes No

Off-site Participation Authorization:

By checking the box below, I, as a volunteer or program participant recognizes that when I am out of bounds of city park property and under the leadership of city staff or trained volunteers, I will hold harmless the city, staff or volunteers for any accidents that may occur.

Yes No

Photo Authorization:

By checking the box below, I acknowledge that the City of Colorado Springs or the Friends of Cheyenne Canon my use my image for any official Department publications and/or productions. I knowingly and voluntarily check the box below.

Yes No

Signature of Volunteer : _____ Date: _____

Signature of Guardian: _____ Date: _____