



Special Group Registration Informed Consent & Release

VOLUNTEER OFFICE

Phone (719) 385-6502 Fax (719) 385-6599
1401 Recreation Way, Colorado Springs, CO 80905
www.SpringsGov.com/Parks

Name of Group _____ Volunteer Site/Job _____

Group Contact Person _____ Date of Project _____

E-mail: _____

Home Phone (_____) _____ Work Phone (_____) _____

Hours Worked From _____ To _____ Total Hours _____

Type of Work: Site Clean-Up Trail Work Special Event Other: _____

I/We offer to volunteer my/our services to the City of Colorado Springs Department of Parks, Recreation and Cultural Services Department. I/We understand that I/We am/are working at all times on a voluntary basis, and will not be paid in any way and that this agreement can be canceled at any time by the Department or by me/us.

If I/We am/are injured while volunteering for the Department, I/We MAY be covered by medical insurance purchased by the Department. In order to be eligible for such coverage, I/We must attend any required training and follow all of the policies and instructions pertaining to the position that I/We fill. **The Department and the City of Colorado Springs are not promising to provide medical coverage, and may under certain circumstances, restrict or discontinue it at any time without notice to me/us. I/We understand that I/We should obtain my/our own separate medical insurance.**

I/We release the City of Colorado Springs and the Parks, Recreation and Cultural Services Department and project sponsors, their employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to myself/our volunteer or 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 my/our participation in volunteer service.

I/We realize that this release is a binding contract. I/We have read and do understand it. I/We knowingly and voluntarily sign below. The City may use my/our photograph for any official Department publications and/or productions

	Please Print Name	Phone #	Email Address
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Please Print Name

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