



UNIVERSITY RISK MANAGEMENT

Volunteer Notice of Risk and Waiver

Volunteer Activity	UCCS Farm
Volunteer Dates	
Volunteer Name	
Parent/Guardian Name (if volunteer is a minor)	
Parent/Guardian Emergency Contact phone	

The University of Colorado welcomes you as an authorized volunteer in this activity. Please read through the following important information.

The Colorado Workers' Compensation Act (C.R.S. § 8-40-202) provides that a volunteer is not an employee for workers' compensation purposes. Therefore, as a volunteer, you are not an employee or agent of the University of Colorado for workers' compensation purposes. You are not entitled to receive workers' compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care.

Separate and apart from workers' compensation, pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-103(4)(a)), an authorized volunteer is defined by as a "Public Employee" for governmental immunity purposes only.

Use of a privately owned vehicle, including the operation or as a passenger, may be an option while participating in the volunteer activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical care and treatment for the Volunteer for the duration of his/her participation in this designated activity.

I exercise my own free choice to participate in the designated activity. I understand and assume all associated risks. These risks include, but are not limited to:

Assisting with planting, weeding, harvesting crops and maintain our farm infrastructure. The farm at UCCS is home to honeybees, critters, and assorted plants.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated volunteer activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my volunteer activities.

I hereby certify that I have read and understand the provisions above. For volunteers under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, **as permitted by C.R.S. § 13-22-107.**

X

Volunteer Signature

Click to enter a date.

X

Parent/Guardian for Minor Signature

Click to enter a date.

Approved by Name / Department

Date

X

Department Signature

University of Colorado Photo Release Form

I hereby grant the University of Colorado Denver unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or video graphic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade.

I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images.

I hereby release the Regents of the University of Colorado, the University of Colorado, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above.

I understand that the photographs taken by the staff or their designers of the University of Colorado will be included in the department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of the University of Colorado.

I hereby affirm that I am of full age and, if appropriate, have every right to complete this contract in my own or my child's name. I state further that I have read and fully understand the above authorization, release and agreement.

I hereby certify that I have read and understand the provisions above.

X

Minor's Name

X

Parent/Guardian for Minor Signature

Click to enter a date.
