

ADAMS COUNTY

VOLUNTEER WAIVER AND RELEASE FROM LIABILITY

I understand that I am being considered for a volunteer position with Adams County 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 understand that Adams County does not accept any financial or legal liability for potential injuries or losses arising out of my participation as a volunteer and that my participation as a volunteer must be at my own risk. I understand that I should secure my own health care coverage for potential injuries.

I hereby waive, for myself, my personal representatives, heirs and next of kin, all claims which I might have against Adams County, its 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 as a volunteer for Adams County. I expressly assume all risks of my participation as a volunteer.

I agree to indemnify, save and hold harmless Adams County, and its officers, directors, agents, employees or contractors from any and all losses, costs, damages, expenses and attorney's fees arising out of my actions while participating as a volunteer.

I agree to abide by all of the policies and procedures of Adams County and the department for which I am volunteering my services. 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 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.

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

Print Name

Signature

(Parent or guardian, if volunteer is under the age of eighteen)

Date