



GARDEN OF THE GODS



INFORMED CONSENT AND RELEASE

I, (PLEASE PRINT) _____, offer to volunteer my services to the City of Colorado Springs Department of Parks, Recreation and Cultural Services and the Rocky Mountain Field Institute. I understand that I am 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, the Institute or by me.

If I am injured while volunteering for the Department, I MAY be covered by medical insurance purchased by the Department. In order to be eligible for such coverage, I must attend any required training and follow all of the policies and instructions pertaining to the position which I fill. **The Department and the City are not promising to provide medical coverage, and may under certain circumstances, 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, the Parks, Recreation and Cultural Services Department, the Rocky Mountain Field Institute and project sponsors, their employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to my person 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 participation in, volunteer service.

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

Group affiliation/School: _____ How did you hear of this workday? _____

Name (PLEASE PRINT) _____

Address _____

_____ Zip _____

Phone: home _____ work _____ cell _____

E-Mail (for easy communication/volunteer notices) _____

I'd like to receive the following RMFI emails: RMFI Newsletter Day volunteer Info Overnight volunteer info

Email Privacy Policy: Rocky Mountain Field Institute takes your privacy very seriously. We are committed to keeping your e-mail address confidential. We do not sell, rent, or lease our subscription lists to third parties, and we will not provide your personal information to any third party individual, government agency, or company at any time. We will use your e-mail address solely to communicate Rocky Mountain Field Institute information.

Volunteer Signature _____ D.O.B. ____/____/____ Date ____/____/____

Signature of Parent/Guardian if Volunteer is a minor (under 18) _____

Phone where parent can be reached on the volunteer workday _____

*The City of Colorado Springs reserves the right to refuse utilizing youth 9 and younger and will not include them in insurance coverage. {5/2001}

VENETUCCI FARM VISITATION FORM

For Pumpkins For Kids

Name of School or Organization The Colorado Springs School – Upper School

Name of Person Filling Out This Form: _____

Address of School or Organization: The Colorado Springs School – Upper School
21 Broadmoor Ave.
Colorado Springs, CO 80906
(719) 434-3570
sjohnson@css.org
jgoldenbough@css.org

Emergency Contact Name: _____ Ph #: _____

Venetucci Farms often uses pictures for promotional purposes. May we have permission to use pictures of your student for promotional purposes?

_____ YES _____ NO

Parent signature : _____

Student signature: _____

LIABILITY WAIVER VISITING INDIVIDUALS/GROUPS

To the fullest extent permitted by law, visiting guests shall indemnify and hold harmless Venetucci Ranch, LLC and the Pikes Peak Community Foundation, their officers, employees, and insurers from and against all claims, damages, losses and expenses and demands, including court costs, attorney's fees and expenses, due to injuries, losses and damages arising out of, resulting from or in any manner connected with visitation to the Venetucci Ranch, LLC or the Pikes Peak Community Foundation.

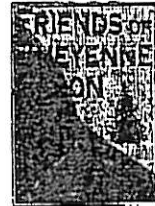
Parent signature

Date



We Create Community

*Parks, Recreation and Cultural Services
North Cheyenne Canon Park
Starsmore Discovery Center
2120 S. Cheyenne Canon Rd.
Colorado Springs, CO 80906
719-385-6086
Fax: 719-385-6090*



www.cheyennecanon.org

Individual Registration Informed Consent and Release

Name of Participant: _____

Title of Program _____ Date of Program: _____

Name of Parent/Guardian: _____

Address _____ City _____ State _____ Zip _____

Best Contact Number: _____ Secondary Number: _____

Emergency Contact Name: _____ Phone: _____

Although participation is supervised during North Cheyenne Canon Park activities that are generally considered safe and injuries are not common, it is impossible to eliminate every risk in our mountain park. To help reduce any accidents or injuries the participants must obey safety rules outlined by park program leaders and report all physical problems to their leaders immediately. Participants should wear proper attire for weather and terrain conditions.

By registering for this program, you acknowledge that you have read and understand this warning: those who do not wish to accept the risk should not register or participate.

The City of Colorado Springs carries no insurance for participants or spectators. The Emergency Medical Service will be called for all medical emergencies. Parents of participants are responsible for all charges resulting from a medical emergency.

Program photo consent and release is requested for use in all mixed media including City and Friends of Cheyenne Canon websites, video, brochures, newspaper and magazine advertising.

Photo consent? YES _____ NO _____

Signature of participant or parent/guardian if under 18 _____



**COLORADO STATE PARK VOLUNTEER SIGN IN AND RELEASE AGREEMENT
THIS IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.**

In return for receiving permission from Colorado State Parks to participate as a volunteer on this project, I agree to assume all risks of loss and injury that may arise out of my participation and I agree to waive any and all claims against Colorado State Parks and the other parties described below.

I hereby release, and agree to indemnify and hold harmless Colorado State Parks, project participants, and anyone else involved with this project and their respective agents, representatives, officers, employees, successors, assigns and insurers, hereinafter referred to collectively as "the Released Parties", from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damage, loss or injury to my person or property, whether anticipated or unanticipated, while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Released Parties or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

I realize that working on this project may involve risks and hazards, which may include, but are not limited to (1) the use of tools and other construction related equipment, (2) working around other participants who may not be accustomed to this type of labor or the tools and equipment associated with it, (3) working in mountainous, back country, or other terrain that may be uneven, rocky and otherwise hazardous, (4) other risks and hazards that may be described in the project orientation. I am aware of these and other risks and hazards inherent in participating in this project and hereby assume sole responsibility for all such risks and hazards.

I grant Colorado State Parks and other project sponsors permission to utilize my image in photographic recordings of the project, and I waive any right to claim compensation in exchange for participating in the project.

I agree to abide by the rules and regulations of Colorado State Parks while participating in this project. I hereby acknowledge that I have read, understood, and voluntarily agreed to the foregoing waiver and release agreement.

PARK:

PROJECT:

DATE:

Signature:	Name (print):	Parent or Guardian Signature (if volunteer is under 18):
Address:	Emergency Contact Phone #:	Vehicle Description:
Emergency Contact Name:		Group Name (if applicable):

Signature:	Name (print):	Parent or Guardian Signature (if volunteer is under 18):
Address:	Emergency Contact Phone #:	Vehicle Description:
Emergency Contact Name:		Group Name (if applicable):