



Volunteer Agreement and Waiver of Liability Updated 3/2017

Please read carefully before signing.

In consideration for receiving permission from the Castle Rock Senior Center, Inc., dba the Castle Rock Senior Activity Center (CRSAC), to participate as a volunteer, I offer and agree to volunteer my services without compensation to assist CRSAC in accordance with the following: I assume all risks of loss and injury, including but not limited to, personal injuries, death and property damages arising out of my participation as an authorized volunteer for CRSAC; and I waive and release CRSAC, its directors, employees, agents and other authorized volunteers, from responsibility for any and all damages, injuries or loss that I suffer to my person or property from any cause while participating as an authorized volunteer for CRSAC. I shall defend, indemnify, save and hold harmless CRSAC, its directors, employees, agents and other authorized volunteers, against any and all claims, damages, liability, demands or actions or causes of action and court awards including costs, expenses, and attorneys' fees and related costs, incurred as a result of my activities or omissions as contemplated by this agreement. This release and indemnification shall be binding upon me, my heirs, successors, assigns, administrators and executors.

Colorado Workers' Compensation Act

- I understand that I am acting strictly as an authorized volunteer and not a compensated employee.
- I understand that the volunteering of my time or services does not constitute employment for the purposes of the Colorado Workers' Compensation Act, that I am not entitled to benefits pursuant to such Act, and that the CRSAC shall not pay for or otherwise provide such coverage for me.
- If I am injured while performing duties within the scope of this agreement the CRSAC will not be liable for medical coverage beyond the provided secondary Volunteer Insurance Policy, if such policy is provided by the CRSAC. If I feel this coverage is not sufficient, I will be responsible for providing the excess coverage through a personal medical plan.

General

- I agree that all photographs taken of me are owned by CRSAC, and that CRSAC may use, publish and copyright photographs without my inspection or approval.
- I shall abide by the rules and regulations of CRSAC while participating as an authorized volunteer.

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief, and I grant CRSAC permission to verify facts contained in this application through the release of information such as reference checks, driving records, educational, work and criminal history, and law enforcement agency background checks. I further acknowledge that I have read, understood, and voluntarily agreed to the foregoing Volunteer Agreement and Waiver of Liability. The release of any relevant information to verify my eligibility as a volunteer for CRSAC will be held confidential. This agreement may be terminated at any time without cause, by either party, upon advance written notice.

Signature of Volunteer: _____ Date: _____