



Authorized Volunteer Agreement, Notice of Risk and Waiver of Responsibility

Volunteer Activity _____
 Volunteer Dates _____
 Volunteer Name _____
 Parent/Guardian Name (if minor volunteer) _____
 Emergency Contact Phone Numbers _____
 Volunteer's Medical Provider _____
 Policy Number _____

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 , (minor 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 (add risks specific to event here):

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.

 Authorized Volunteer Signature

 Date

 Parent or Guardian for Minor

 Date

 Approved By Name/Department

 Date