

Community Volunteer Assignment Contract

Name: _____ First M.I. Last
S#: S _____ Phone #: _____
Email: _____ @student.cccs.edu Your official CCD email account is the only email CCD will accept for correspondence.

CCD Department: _____ **Faculty Name:** _____

AGENCY INFORMATION

Name of Agency: _____

Mailing Address: _____
Street City State Zip Code

Name of Agency Supervisor: _____

E-mail Address of Supervisor: _____

Phone #: _____

The undersigned, being over the age of 18 years, hereby acknowledges that there are risks of physical harm and injury inherent in volunteer activities including, but not limited to, working with people, participating in sports, physical and recreational activities, cleaning and maintenance projects, preparing and serving food, other volunteer activities, and in transportation to and from volunteer work sites. I hereby assume all risks associated with the volunteer activity and with the travel thereto. I assume full and complete responsibility for any injury or accident that may occur to me or the vehicle in which I am driving or riding in connection with the volunteer activity. I knowing and intentionally hereby release and waive any and all claims, of whatsoever kind or in part, from participation in the volunteer activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

I specifically acknowledge that in performing these activities, I am doing so in the status of a volunteer for the community agency, and not a volunteer, employee or agent of CCD. I acknowledge that workers compensation benefits are not extended to me in my capacity as a volunteer and hold CCD harmless from any of my negligent acts. I further state that I am not in any way an employee of CCD or the organization in which my volunteer activities are provided.

I, _____, will be a volunteer at _____ (Hereinafter as "Agency"). While engaged in my volunteer activities, I am not an employee of Community College of Denver nor the agency. However, I agree to adhere to all policies and procedures as set forth by CCD and Agency. I release CCD and Agency and/or its subsidiaries of any responsibility for any bodily injury or property damage that I incur while participating in the program, including any injury while traveling to or from Agency. I assume full responsibility for my transportation to and from Agency, no matter how arranged.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student: _____
Print Name Signature Date

Community Volunteer Assignment Contract

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age).

I fully recognize that there are dangers and risks to which I may be exposed by participating in the activity described on Exhibit A which is attached to and incorporated in this Release (the "Activity").

These risks include, but are not limited to, traveling to and from and within, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical, sanitation and weather conditions.

I understand that Adams State College ("ASC") does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Release. I have read the United States Department of State (www.state.gov) consular information about the countries of travel and the Center for Disease Control Travelers' Health recommendations (<http://www.cdc.gov/travel>) for any applicable immunization or health risks and incorporated this information into my decision to participate in the Activity.

I affirm that I have consulted with a medical doctor with regard to my personal medical needs and that there are no health-related issues which preclude or restrict my participation in the Activity. I affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

With informed consent, and in consideration of permission to participate in the program and assistance provided by ASC, I agree to assume all of the risks and responsibilities in any way arising from or associated with the Activity, and I release ASC, the Adams State College Board of Trustees, the State of Colorado, the State of Colorado Risk Management, and all current and former employees, officials, agents and attorneys and volunteers of each of those entities (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, occurring after the date of this Release, whether known or unknown, contingent or fixed, at law or in equity (collectively "Liabilities"), that I may suffer at any time arising from or in connection with the Activity, including but not limited to any injury or harm to me, my death, or damage to my property.

I further agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities incurred by any other person as a result of my actions or omissions in connection with the Activity, including but not limited to any injury or harm to another, another's death or injury to another's property.

I agree that this Release shall be governed for all purposes by Colorado law. Notwithstanding anything herein to the contrary, I understand that all terms and conditions of this Release shall be construed or interpreted as consistent with, and not as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the "Colorado Governmental Immunity Act", Section 24-10-101, et seq., CRS, as now or hereafter amended and that any claims for injuries to persons or property arising out of negligence of the State of Colorado, its departments, institutions, agencies, boards, officials and employees is subject to the provisions of Section 24-10-101, et seq., CRS, as now or hereafter amended and the risk management statutes, Section 24-30-1501, et seq., CRS, as now or hereafter amended.

I agree that should any provision of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in force and effect.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor: _____
Print Name Signature Date

Parent (if Signatory is under 18 years of age): _____
Print Name Signature Date