



## JEFFERSON COUNTY OPEN SPACE VOLUNTEER'S ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION

I wish to volunteer my time and services because of my support for Jefferson County Open Space and my desire to participate actively in this type of work. I understand that my (my child's) volunteer activities may involve inherent risks of property loss or damage, injury, and death, and that I (my child) may be exposed to hazards, including but not limited to: inclement weather (e.g., lightning, extreme temperatures); travel over bodies of water; unimproved topographic hazards such as rough trails, cliffs, ravines, caves, loose or falling rocks; poisonous or other dangerous insects, reptiles or plants; wild or uncontrolled animals; fire (including intentionally set fires for biological management); hazardous building conditions; and hazards associated with strenuous manual labor. **To the fullest extent allowed by law, the undersigned assume(s) all such risks.**

In consideration of my (my child's) participation in activities at Jefferson County Open Space facilities or property, the undersigned, for myself, my child (if the participant is under 18), my heirs, personal representatives, and administrators, hereby, to the fullest extent allowed by law, **release, waive, discharge, indemnify and hold harmless** Jefferson County, its elected officials, employees, agents and assigns, from and against any and all claims, damages, losses, injuries and expenses, including costs and attorneys' fees, arising out of or attributable to use of Open Space facilities or activities on Jefferson County property. This release waiver, discharge, indemnification, and hold harmless includes any claims, damages, losses, injuries and expenses arising out of or attributable to the negligence of the County or its elected officials, employees, and agents.

I expressly agree that this assumption of risk, release of liability, and indemnification agreement is intended to be as broad and inclusive as permitted by law. If any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Nothing contained herein shall be construed to limit any protections, immunities, or limits on liability provided Jefferson County under the State's constitution or statutes, including, without limitation, the Colorado Governmental Immunity Act, §24-10-101, *et seq.*, Colorado Revised Statutes.

\_\_\_\_\_  
**Participant's Signature**

Date \_\_\_\_\_

\_\_\_\_\_  
**Parent's or Guardian's Signature**

*(If Participant is under 18)*

Date \_\_\_\_\_

\_\_\_\_\_  
**Parent's or Guardian's Signature**

*(If Participant is under 18)*

Date \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Participant**

\_\_\_\_\_  
Activity or Program and Date(s)

\_\_\_\_\_  
**Address of Participant (street address, city, state, zip)**

Both sides of this form must be completed.



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## MEDICAL EMERGENCY CONSENT

Note: This consent form does not obligate Jefferson County to provide any type of emergency medical services.

I, \_\_\_\_\_ being over the age of 18, and/or as the parent or legal guardian of \_\_\_\_\_ give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my (my child's) condition require it. I understand that in such a case with my child that reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to Jefferson County that my (my child's) participation does not pose a hazard to my (my child's) health or that of other participants.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated following: (if none, please circle): **NONE**

I have (my child has) the following medical condition(s), which may require emergency care including allergies, and/or drug allergies: (if none, please circle): **NONE**

\_\_\_\_\_  
**Participant's Signature**

Date \_\_\_\_\_

\_\_\_\_\_  
**Parent's or Guardian's Signature**

*(If Participant is under 18)*

Date \_\_\_\_\_

\_\_\_\_\_  
**Parent's or Guardian's Signature**

*(If Participant is under 18)*

Date \_\_\_\_\_

### Emergency Contact Information for Adults and Minors

\_\_\_\_\_  
Father/Guardian/Spouse

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Mother/Guardian/  
Secondary contact

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Family physician

\_\_\_\_\_  
Office phone

**Both sides of this form must be completed.**