



## 2016 Volunteer Program Participant Risk, Release, and Medical Authorization

I, the undersigned, as a volunteer for Growing Gardens of Boulder County, understand and agree to the following:

### **\*Permission for Participation and Medical Release**

I give my permission for myself to participate in the Volunteer Program and all activities included herein. I hereby consent to and permit emergency treatment for myself in case of injury or illness while participating in the Volunteer Program.

### **\*Media Release**

I give my permission and consent to the use of any photographs, videotapes or other media record of my participation at Growing Gardens for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

### **ACKNOWLEDGEMENT OF RISK AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself for participation in the Volunteer Program, you will be waiving and releasing all claims for injuries you might sustain as a result of participating in program activities.

Under Colorado law there is no liability for the death of or injury to a participant in an agricultural recreation or agro-tourism activity resulting from the inherent risks of the agricultural recreation or agro-tourism activities, pursuant to section 13-21-121, Colorado Revised Statutes.

As a participant in this program, I recognize and acknowledge that there may be certain risks associated with my participation, such as physical injury and/or property damage or loss.

I agree to waive and relinquish all claims I may have as a result of participating in the Volunteer Program against Growing Gardens and their officers, agents, servants, and employees.

I acknowledge that I act only as a civilian volunteer and do not function as an employee, agent or representative of Growing Gardens of Boulder County.

I further agree to indemnify and hold harmless and defend Growing Gardens and their officers, agents, servants, and employees from any and all claims by other

parties resulting from injuries, damages, and losses caused by myself arising out of, or any way associated with the activities of this program.

In the event of any emergency, I authorize Growing Gardens officers, agents, servants, and employees trained in CPR/First Aid and medication administration to perform CPR/First Aid and/or administer medication as needed and/or secure from any licensed hospital, physical, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any medical services rendered.

I have read and fully understand the above Acknowledgement of Risk and Release of all Claims, and agree that it shall not be modified orally.

Name (printed):

Date:

Signature: