

VOLUNTEER WAIVER **FOR PARTICIPATING MINORS**

I, the undersigned, hereby represent that my child(ren) has/have volunteered to participate in the Adopt an Open Space, Park, Golf or Trail Program ("Program") during the year _____. I have read the safety recommendations associated with the Program and have discussed them with my child(ren).

I acknowledge and am aware that participation in this Program has inherent risks and hazards, particularly due to the presence of traffic on roadways near adopted Open Space, Parks, Golf and Trails, and the potential for encountering snakes, insects, and other animals, noxious weeds, hazardous debris, and unexpected holes and ditches. I understand that it is my child(ren)'s responsibility to be aware of his or her physical condition and refrain from doing any physical activities beyond his or her capabilities.

I agree to defend, indemnify and hold harmless the City of Louisville, and its officers and employees, from and against any and all liability, claims, demands and expenses, including court costs and reasonable attorney fees, on account of any property damage, bodily injury, sickness, damage, or other loss of any kind whatsoever, which arise out of or are in any manner connected with the work to be performed under the Adopt an Open Space, Park, Golf or Trail Program, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, or other fault of my child(ren) participating in the Program.

I hereby further waive, release and discharge the City, its officers and employees from any and all claims, demands and actions for any injury, loss or damage arising out of or related to my child(ren)'s participation in the Program, whether or not caused by the act, omission, negligence or other fault of the City, its officers or its employees, or by any other cause, excepting only willful and wanton conduct of the City's officers or employees.

By signing below, I acknowledge that I am the parent of the below-named child(ren) as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and in addition to execution of the foregoing on behalf of the participant, I hereby waive and release any prospective claim of the child against the City, its officers and its employees for negligence, to the extent provided by C.R.S. Section 13-22-107(3), in connection with the above-described Program.

THIS FORM MUST BE TURNED INTO THE CITY CONTACT PERSON AT LEAST 3 DAYS PRIOR TO STARTING THE FIRST CLEAN-UP. ADDITIONAL SHEETS MUST ALSO BE TURNED IN IF VOLUNTEERS ARE ADDED AFTER FIRST CLEAN-UP.

1.) NAME OF CHILD:

2.) NAME OF CHILD:

CONTACT IN CASE OF EMERGENCY: _____

EMERGENCY CONTACT PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

VOLUNTEER WAIVER **FOR PARTICIPATING ADULTS**

I, the undersigned, hereby represent that I have volunteered to participate in the Adopt an Open Space, Park, Golf or Trail Program ("Program") during the year _____. I have read the safety recommendations associated with the Program.

I acknowledge and am aware that participation in this Program has inherent risks and hazards, particularly due to the presence of traffic on roadways near adopted Open Space, Park, Golf or Trail, and the potential for encountering snakes, insects, and other animals, noxious weeds, hazardous debris, and unexpected holes and ditches. I understand that it is my responsibility to be aware of my physical condition and will refrain from doing any physical activities beyond my capabilities.

I agree to defend, indemnify and hold harmless the City of Louisville, and its officers and employees, from and against any and all liability, claims, demands and expenses, including court costs and reasonable attorney fees, on account of any property damage, bodily injury, sickness, damage, or other loss of any kind whatsoever, which arise out of or are in any manner connected with the work to be performed under the Adopt an Open Space, Park, Golf or Trail Program, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, or other fault of my participation in the Program.

I hereby further waive, release and discharge the City, its officers and employees from any and all claims, demands and actions for any injury, loss or damage arising out of or related to my participation in the Program, whether or not caused by the act, omission, negligence or other fault of the City, its officers or its employees, or by any other cause, excepting only willful and wanton conduct of the City's officers or employees.

THIS FORM MUST BE TURNED INTO THE CITY CONTACT PERSON AT LEAST 3 DAYS PRIOR TO STARTING THE FIRST CLEAN-UP. ADDITIONAL SHEETS MUST ALSO BE TURNED IN IF VOLUNTEERS ARE ADDED AFTER FIRST CLEAN-UP.

1.) NAME OF PARTICIPANT: _____ PHONE #: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ CONTACT PHONE #: _____

2.) NAME OF PARTICIPANT: _____ PHONE #: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ CONTACT PHONE #: _____

3.) NAME OF PARTICIPANT: _____ PHONE #: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ CONTACT PHONE #: _____