

EL PASO

COMMISSIONERS:  
DENNIS HISEY (CHAIR)  
JIM BENSBERG (VICE CHAIR)



COUNTY

AMY LATHEN  
SALLIE CLARK  
WAYNE WILLIAMS

PARKS AND LEISURE SERVICES DEPARTMENT

### Volunteer Waiver Agreement

THE UNDERSIGNED PERSON (the "Volunteer") hereby acknowledges an intent to volunteer for the El Paso County Parks and Leisure Services Department. The Volunteer freely and unconditionally waives and releases El Paso County and any and all of its elected officials, employees, representatives and agents and their successors and assigns (the "County") from all liability to the Volunteer, his personal representatives, assigned heirs and next of kin for any and all loss or damage and any resulting claims of demands due to injury to the person or property or death of the Volunteer, whether caused by the negligence of the County or otherwise. The Volunteer further agrees to defend, indemnify and hold the County harmless from and against any and all liabilities, demands, claims, damages, suits, judgments and decrees, and court awards including costs, expenses and attorneys' fees, on account of injuries to or death of any person or persons or damage to any property arising out of or related to the Volunteer's intentional or negligent acts, errors or omissions for the duration of the Volunteer's participation. This release is binding upon the Volunteer's heirs, executors, administrators, agents, liability insurers and assignees and shall be interpreted in accordance with Colorado law. The Volunteer represents that he/she is covered by worker's compensation insurance or adequate medical insurance.

The Volunteer understands that he / she is not an employee of El Paso County, its agents or Departments and agrees that he / she will not receive any compensation or benefit nor be eligible for any coverage under the Colorado Workers Compensation Act.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Print Name of parent or guardian if minor)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Signature of parent or guardian if minor)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship & Telephone Number

Group / Organization (if applicable): \_\_\_\_\_

Volunteer Location: \_\_\_\_\_

Activity: \_\_\_\_\_

***Please list all personal equipment the Volunteer plans to use on the reverse of this form.***

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