

County Volunteer Notification & Waiver of Liability

I, _____ (the "volunteer") as a participant in this volunteer program _____ ("program"), do hereby and forever release and discharge **Clear Creek County** ("county") government and any sponsoring partners of the volunteer program, and each of their affiliates and respective board members, officers, employees, agents and volunteers from any and all claims, actions, expenses, liabilities, or damages of any nature whatsoever, including costs and attorney's fees, arising out of any personal injury or any loss or damage to property in any way resulting from or otherwise relating to the undersigned participation as a volunteer in the program.

- * I fully understand and agree to provide my services to the county as a volunteer in a volunteer capacity. County employees may volunteer to serve in a volunteer program so long as their activities do not directly relate to their county job.

- * I fully understand that the county will not provide or pay for medical treatment for injuries which occur within the scope and course of my volunteer activities. I fully understand that as a volunteer, I do not work for the county as an employee, therefore, I am not entitled to worker's compensation benefits and the county cannot provide lost wages or permanent disability benefits for the volunteer's regular employment.

- * I fully understand and agree that if I use my personal vehicle insurance while conducting volunteer county business, my personal automobile insurance is my responsibility and primary to any other insurance that may exist.

- * I fully understand and agree that if I use any of my personal property while conducting volunteer county business, the county will not provide insurance coverage or be financially responsible should damage or loss occur.

* I fully understand that as a county volunteer, I am covered by the county's liability insurance to the same degree and conditions as is a county employee.

By signing this form, the undersigned is aware of and understands the nature of the volunteer program and their participation requirements and conditions and agrees to the above.

Volunteer Printed Name:	
Volunteer signature or parent/guardian if less than 18 years old:	
Name of County Representative:	Cate Gremillion
Date:	
Volunteer Address:	
Volunteer Date of Birth:	
Volunteer Telephone:	