Authorized Volunteer Agreement, Notice of Risk and Waiver of Responsibility

UCCS Student Garden at the Heller Center

Volunteer Dates ____________________________________________________________

Volunteer Name __________________________________________________________

Parent/Guardian Name (if minor volunteer) _____________________________________

Emergency Contact Phone Number _____________________________________________

Volunteer’s Medical Provider __________________________________________________

Policy Number __________________________________________________________________

The University of Colorado welcomes you as an authorized volunteer in this activity. Please read through the following important information.

The Colorado Workers’ Compensation Act (C.R.S. § 8-40-202) provides that a volunteer is not an employee for workers’ compensation purposes. Therefore, as a volunteer, you are not an employee or agent of the University of Colorado for workers’ compensation purposes. You are not entitled to receive workers compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care.

Separate and apart from workers’ compensation, pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-103(4)(a)), an authorized volunteer is defined by as a "Public Employee" for governmental immunity purposes only.

Use of a privately owned vehicle, including the operation or as a passenger, may be an option while participating in the volunteer activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical care and treatment for , (minor volunteer) for the duration of his/her participation in this designated activity.

I exercise my own free choice to participate in the designated activity. I understand and assume all associated risks. These risks include, but are not limited to (add risks specific to event here):

I understand by signing this notice I have read and agree to comply with the following:

I. Requirements while participating in gardening:

   A. Smoking, open flames, fires, fireworks and other flammable devices are prohibited at the Heller Center.

   B. Entry to all buildings with the exception of the designated gardening tool location is prohibited.

   C. Entry into designated construction zones is prohibited.

   D. It is suggested that all participants work in groups of two or more. If you do not and are working alone, you must contact the campus Police at 255-3111 and advise them you are working at the garden prior to beginning work.
E. Operating hours for the garden are from dawn to dusk. If you need to work outside of these hours, please contact campus polices at 255-3111.

F. Park motorized vehicles in designated parking spaces only. The area by the barn has designated parking (please see map on reverse).

G. Knox box lock training is required if you are driving onto the property. Please contact Facilities Services Department for training.

II Strongly recommended:

A. It is strongly recommended that all gardening participants wear sturdy boots and appropriate clothing including gloves.

B. Drinking water is not always available. It is recommended you bring drinking water with you.

C. Out of courtesy to our neighbors, we ask that you please enter the Heller estate from the North Campus Heights road off of North Nevada.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated volunteer activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my volunteer activities.

I hereby certify that I have read and understand the provisions above. For volunteers under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student’s participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.

Authorized Volunteer Signature

Date

Parent or Guardian for Minor

Date

Approved By Name/Department

Date

Please submit original signed form to UCCS Public Safety Dispatch.