LARGE GROUP VOLUNTEER RISK AND RELEASE FORM

SITE: _____ DATE: _____

I, the undersigned, agree for myself or for my minor child/ward(s), to volunteer for the Fountain Creek Watershed Flood Control and Greenway District (District) Creek Week Program, and understand and agree, for myself and for my minor child/ward, to the following:

1. I will follow instructions of my/our placement and perform my/our service to the best of my/our ability.
2. I acknowledge that there are dangers and risks incurred as a result of participating in activities connected or associated with volunteering; and, to the extent permitted by law, I hereby release and forever discharge, **on behalf of myself and my child/ward**, the District, and any landowner upon whose property any program activities should take place ("Landowner"), their employees, volunteers, and agents from any and all liability, loss, costs, charges, obligations, expenses, attorneys' fees, litigation, judgments, damages, claims and demands of any kind whatsoever arising from or out of my own and my child/ward's participation in Creek Week, and knowingly assume all risk for any injuries, damage or loss to ourselves such as, but not limited to: falling down, tripping, bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts, scrapes; choking; allergies; heat stroke, heat exhaustion, sunburn or other injuries; and/or any damage or loss sustained to our property.
3. To the extent permitted by law, I hereby agree**, on behalf of myself and my child/ward**, to indemnify, defend, save, and hold harmless the District, and any Landowner, their officers, employees, volunteers, and agents from any and all liability, loss, costs, charges, obligations, expenses, attorneys' fees, litigation, judgments, damages, claims, and demands of any kind whatsoever arising from or out of my own or my child/ward's transportation to and from and participation in the Creek Week Program.
4. In the event of any emergency, I authorize the District, to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my own, **or my child/ward's**, immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered.
5. I act only as a civilian volunteer and do not function as an employee, agent or representative of the District, and/or any Landowner.
6. I give permission for media coverage of myself, **and/or my minor child/ward**, to be disseminated for public relations purposes. (**CROSS OUT #6. SENTENCE ABOVE** if you do not give this permission)

I have read and fully understand the provisions outlined in the Creek Week Risk and Release Form. This acknowledgment of risk and release shall not be modified orally. All minors' signatures must be accompanied by the signature of the parent or guardian.

Adult / Parent / Guardian Signature	**Email Address**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____