FDRD Volunteer Release of Liability

THIS IS A LEGAL CONTRACT WITH LEGAL CONSEQUENCES, PLEASE READ CAREFULLY.

I, _____ [print name], would like to work as a volunteer this summer with Friends of the Dillon Ranger District (FDRD). I am at least 18 years of age (or, if I am younger than 18 years of age, my parent or guardian must also sign this Release of Liability) and in good health. I have no allergy or other disorder that could prevent me from working safely as a volunteer. I realize that my participation in an FDRD program may involve using heavy tools and that I will be working with other participants who may not be accustomed to this kind of labor. I FULLY REALIZE THE DANGERS OF PARTICIPATING IN AN EVENT OF THIS TYPE AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. I understand the risks include, by way of example and not limitation, the following: rock fall, rock and snow slides, lightning, sudden changes in weather, altitude sickness, dehydration, injuries resulting from heavy labor or trail tools, falling trees and aggressive wildlife; and I will not hold FDRD, any of its employees or directors or any affiliated organization responsible for these or other hazards. Because the work will be performed in a back country setting, I understand that emergency medical care may not be readily available. I will follow all directions from FDRD personnel and comply with all applicable rules for volunteers working with this program. In return for my receiving permission from FDRD and any other sponsoring organization to participate in the project, and for other good and valuable consideration, I fully release and indemnify FDRD and all other sponsoring organizations, as well as their respective officers, directors, employees, and agents, from all liability, claims, demands, and causes of action, arising out of damage, loss, or injury to me (including death) or to my property, from whatever cause, as a result of my participation in the project. I intend this Release of Liability to be broadly construed for the benefit of the released parties and to be binding upon my family, heirs, personal representatives, and insurers. I grant FDRD and other sponsoring organizations permission to use my image in photographic or video recordings of the project, and I waive any right to compensation for such use.

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS FORM IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE, AND A CONTRACT BETWEEN MYSELF AND THE FRIENDS OF THE DILLON RANGER DISTRICT AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN, I SIGN IT OF MY OWN FREE WILL.

Name Volunteer (printed)	Signature of Volunteer	Date

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST READ AND SIGN BELOW

I am the parent or legal guardian of the minor who signed this Release of Liability, which I have read. I consent to its terms on behalf of the above named minor and also consent to his or her participation in the activities referred to above.

Name of Parent or Guardian (printed)	Signature of Parent or Guardian	Date

Participant Contact Information

Mailing Address

City, State, Zip

Home Phone

Email

EMERGENCY CONTACT

Name

Relationship

Phone Number

ALLERGIES:

MEDICATIONS: