Volunteer Release Waiver of Liability

I (_____) hereby agree to accept a position as a volunteer for Spirit for
NAME OF VOLUNTEER
the Seasons. I acknowledge I have read and accept these conditions

Date of Volunteer: ___/___/_____

Your Name
First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Date of Birth: _____

Releases **Sprirt for the Seasons (SFTS)** a non-profit corporation organized and existing under the laws of the State of Colorado and each of its directors, officers, and agents as well as the Owners and operators of Cottoncreek Manor. The volunteer desires to provide services for **SFTS** and engage in activities related to serving as a volunteer by performing associated duties. A Volunteer is defined as, any individua that is participating in on site functions who gives services without any express or implied promise of remuneration.

Volunteers understand that the scope of a volunteers' relationship is limited to a volunteer position and **SFTS** that no compensation is expected in return for services provided by volunteer. That **SFTS** will not provide any benefits traditionally associated with employment to a volunteer; and that the volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of volunteer services to **SFTS.**

(1) Waiver and Release: I, the volunteer/contractor, release and forever discharge and hold harmless **SFTS** and assigns form any and all liability, claims, demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise for the services I, the volunteer/contractor, provide to **SFTS .** I understand and acknowledge that this Waiver and Release discharges **SFTS** from and liability or claims that I may have against **SFTS** with respect to bodily injury, illness, death, or property damage that may result from the services that I provide to **SFTS o**r occurring while I am providing volunteer services.

(2) Insurance: Further, I understand that **SFTS** does NOT assume any responsibility for or obligation to provide me, the volunteer, with financial or other assistance, including but not limited to medical health or disability benefits or insurance of any nature in the event of such injury or medical expenses incurred by me.\

(3) Medical Treatment: I hereby release and forever discharge **SFTS** from any claim whatsoever which may arise or may hereafter arise on account of any first-aid treatment or other

medical services rendered in connection with any emergency during my tenure as a volunteer with **SFTS .**

(4) Assumption and Risk: I understand that the services that I provide to **SFTS** may include activities that may be hazardous to me, including but not limited to any dog/cat related activities, such as walking, petting, and cleaning up after the animals. Also, bending and lifting of dog/cat kennels and **SFTS** supplies and/or equipment. I hereby expressly assume the risk of injury or harm from these activities and release SFTS from all liability for injury, illness, death or property damage resulting from the services that I provide as a volunteer or occurring while I am providing volunteer services at **SFTS .**

(5) Photographic Release: I grant and convey to **SFTS** all the right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by SFTS in connections with my providing volunteer services to **SFTS** .

(7) Dress Code and Professionalism: As a volunteer with **SFTS** you are a representative of the organization and personal cleanliness and good grooming are essential. Your personal appearance and dress should be clean, neat and professional at all times. Your conduct should also be professional. Foul language and rowdiness will NOT be tolerated. As well, good customer service is expected of you if you are speaking to any one on site.

(8) Other: As a volunteer, I expressly agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the state of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the state of Colorado. I agree that in the event that any clause or provision of this Waiver and Release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

Signature: _____ Date: _____

Emergency Contact. First Name: _____. Last Name _____

Phone Number: _____

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If under the age of 18 you must have a parent or legal guardian sign this waiver before you may participate in any activities at or for SFTS

Name of Guardian
First Name _____ Last Name _____-

Phone Number _____ Relationship to Volunteer _____

Signature of Guardian_____