



Date _____

Volunteer Activity _____

Volunteer Acknowledgment, Release & Informed Consent Form

Acknowledgement

I acknowledge that volunteering may involve physical activities, have varying effects on individuals, based upon that individual's size, age, physical condition and general state of health.

I acknowledge that it is my sole responsibility to determine the suitability of any exercise or activity based on my personal physical condition and fitness, and state that I am physically capable of participating in the volunteer services I choose and hereby assume the risk of injury as a result of same. I have consulted my physician if I do have any physical limitations.

I further acknowledge that it is my responsibility to refrain from any proposed physical activity or use of facilities and equipment if any allergy, medical condition or medication I may be taking is contra-indicated with the activity or exercises that are proposed. I acknowledge that it is not Tri-County Health Department's responsibility to determine if any allergy, medical condition or medication I may be taking is contra-indicated with the activities or exercises that are a part of my volunteer activities.

Release

I agree to release and hold harmless Tri-County Health Department and their officers, directors, employees, agents, successors and assigns, from and against any and all actions, costs, claims, losses, expenses, and/or damages, including attorneys' fees at all judicial levels, that I have now or may have in the future (or that my executors, administrators, heirs, next of kin, successors or assigns have now or may have in the future) for any personal injury, negligence, property damage, loss or other liability, arising out of or in any manner resulting from my participation in volunteering. I understand that this Release includes any claims arising out of the action(s) or inaction(s) of the employees or agents of Tri-County Health Department.

Informed Consent

I acknowledge that I have read this Acknowledgement, Release and Informed Consent carefully and fully understand its meaning and I am voluntarily executing same.

Volunteer

Print Name

Signature

For persons under 18 years of age, a parent or guardian must complete the following:

I am the parent or guardian of the minor named above, and hereby release for the minor, as stated above.

Signature: _____

Date: _____

Print Name: _____

Cell Phone: _____

Address: _____

Email: _____

City, ST, Zip: _____

Relationship to Minor: _____

(If other than parent, please attach proof of legal guardianship)

Tri-County Health Department

Print Name

Signature

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Consent to Use Photograph or Electronic Recording

This authorization affects your rights in the privacy of your personal information.

Please read it carefully before signing. Tri-County Health Department, ("TCHD") will not condition provision or eligibility for services or benefits, as applicable, on your providing authorization for the requested use or disclosure. You may refuse to sign this authorization. I, the undersigned, hereby consent to the filming/taping/photographing of my image, and/or the recording of my voice, and/or the use of my name and/or likeness or image by TCHD. I also consent to the use, in any lawful manner whatsoever, by TCHD, or its or its licensees or assignees, of said filming/taping/photographing and/or recording of my voice and/or recording of my voice and/or use of my name, likeness or image, provided that such use shall be solely for the purpose of publicizing and promoting TCHD. I also understand that once my image is distributed or posted on the TCHD website and or social media networks including and not limited to Facebook, Twitter, YouTube, Instagram and LinkedIn and other social media networks that image may be downloaded by any computer user, and that TCHD has no control over the subsequent redistribution or use of such image.

I understand I have the right to revoke this authorization, in writing, at any time, except to the extent that TCHD has taken action in reliance on it. A revocation is effective upon receipt by TCHD of a written request to revoke and a copy of the executed authorization form to be revoked at the address listed above.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization, (b) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of TCHD, or (c) two (2) years from the date this authorization was executed. Note: Expiration of this Authorization does not mean that existing content will be removed or deleted, only that no new or additional content will be used without your permission.

By signing this authorization I acknowledge and agree that any information used or disclosed pursuant to this authorization could be at risk for re-disclosure by the recipient. I hereby release and discharge TCHD,, its officers, directors, employees and agents for and from any and all liabilities and causes of action in connection with the abovementioned use, and I hold TCHD and its officers, directors, employees and agents harmless from any and all liability in connection with such use.

Signature: _____

Date: _____

Print Name: _____

Cell Phone: _____

Address: _____

Email: _____

City, ST, Zip: _____

For persons under 18 years of age, a parent or guardian must complete the following:

I am the parent or guardian of the minor named above, and hereby release for the minor, as stated above.

Signature: _____

Date: _____

Print Name: _____

Cell Phone: _____

Address: _____

Email: _____

City, ST, Zip: _____

Relationship to Minor: _____

(If other than parent, please attach proof of legal guardianship)

Tri-County's Nutrition Division may have projects available for you to observe and assist with in the following areas. Please mark all that interest you.

Community Garden

Physical Activities with Children

Farmer's Market

Reading to Children

Bulletin Boards

Please mark the locations where you would prefer to volunteer for the gardens and/or farmer's markets.

27J Brighton School District Garden
18551 E. 160th Avenue
Brighton, CO 80601

Amazing Meadows Garden
541 East 99th Place
Thornton, CO 80229

Stonehocker Garden
10950 Fox Run Parkway
Northglenn, CO 80233

Anythink Library on Huron
(Farmer's Market)
9417 Huron St
Thornton, CO 80260

Anythink Library at Wright
Farms (Farmer's Market)
5877 E. 120th Ave.
Thornton, CO 80602

Please mark the days and times that you are available

- | | | |
|-------------------------------------|-------------|-----------|
| <input type="checkbox"/> Mondays | From: _____ | To: _____ |
| <input type="checkbox"/> Tuesdays | From: _____ | To: _____ |
| <input type="checkbox"/> Wednesdays | From: _____ | To: _____ |
| <input type="checkbox"/> Thursdays | From: _____ | To: _____ |
| <input type="checkbox"/> Fridays | From: _____ | To: _____ |
| <input type="checkbox"/> Saturdays | From: _____ | To: _____ |
| <input type="checkbox"/> Sundays | From: _____ | To: _____ |

**Please fax, mail, or deliver application to 6162 S. Willow Drive.,
Suite 100, Greenwood Village, CO 80111**
Fax to 720-488-0292
Attn: Patty Homersham