

**Volunteer Waiver and Release Form**  
**Colores United**

Volunteer Name: \_\_\_\_\_

Check here if Volunteer is under age 18

Contact E-mail (required): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**VOLUNTEERS OR PARENT/LEGAL GUARDIAN MUST COMPLETE THE WAIVER AND RELEASE FORM.**

**WAIVER AND RELEASE FORM RELEASE OF LIABILITY** In return for being allowed to participate in Colores United volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue City of Deming, Luna County, Colores United (All related organizations or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates, herein referred to as "Released Parties") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur. I understand and agree that the Released Parties are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, bodily injury, serious injury or death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless the Released Parties for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that the Released Parties have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Volunteer Activities. I also understand that the Released Parties do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Released Parties.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

\_\_\_\_\_  
Signature of Parent/Legal Guardian if Volunteer is Under 18

\_\_\_\_\_  
Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

**Media Waiver  
Colores United**

I, (PLEASE PRINT CLEARLY) \_\_\_\_\_, hereby consent and agree to participate in the creation of marketing materials that may be used in the presentation of media including print, broadcast, multimedia, online, social media, and/or any other form of publication by City of Deming, Luna County or Colores United (Released Parties). I further consent and agree that the Released Parties may use such media for educational, informational, and/or promotional purposes. It is understood that the use of these materials will be restricted to nonprofit educational, informational, and/or promotional uses. In no case will the Released Parties realize a profit for use of said materials. The Released Parties may grant the right of use of said materials to other parties for such aforementioned purposes, subject to aforementioned restrictions. I hereby expressly agree to waive my right to any and all claims for compensation and/or damages in any form that may be based on or the result of such said participation subject to the conditions of use outlined above.

I also understand that no personal photography, videography, social media updates is permitted to be taken without prior authorization from Colores United.

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Signature of Volunteer

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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Signature of Parent/Legal Guardian if Volunteer is Under 18

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.