

**COLUMBINE LAKE COUNTRY CLUB, INC.  
VOLUNTEER RELEASE AND WAIVER OF LIABILITY**

**READ CAREFULLY: THIS IS AN IMPORTANT LEGAL DOCUMENT WITH LEGAL CONSEQUENCES.**

I (including my child if applicable) am participating in the following activity conducted by or sponsored by the Columbine Lake Country Club, Inc. (CLCC):

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In return for receiving permission to volunteer, I knowingly and willingly enter this waiver, release and indemnification agreement and agree as follows:

1. **ASSUMPTION OF RISKS**. I understand that serving as a volunteer may be dangerous and may involve risks, including but not limited to, risks of bodily injury, personal injury, death, and property loss or damage. I am aware of these risks and further acknowledge that these and other risks may arise from a variety of foreseeable and unforeseeable circumstances connected with or arising from my serving as a volunteer. By signing this agreement, I voluntarily assume all such risks of injury, death, loss or damage arising out of or related to my participation as a volunteer, whether or not caused by the act, omission, negligence or other fault of CLCC, its officers or its employees, or by any other cause, except for willful and wanton conduct of CLCC's officers or employees.
2. **NO EMPLOMENT PROTECTIONS**. I understand that I am participating as a volunteer without any expectation or entitlement to compensation. I acknowledge that I am not employed by CLCC and CLCC is NOT providing me with any medical or workers' compensation coverage.
3. **RULES AND POLICIES**. I will follow all the rules, policies and regulations of CLCC, and I will follow the instructions of CLCC staff while participating as a volunteer.
4. **WAIVER OF CLAIMS AND WAIVER OF RIGHT TO SUE**. I hereby waive, exempt, release and discharge CLCC, its officers, employees and insurers, from any and all claims, demands and actions for any injury, loss or damage arising out of or in any way related to my participation as a volunteer, whether or not caused by the act, omission, negligence or other fault of CLCC, its officers or its employees, or by any other cause, except for willful and wanton conduct of CLCC's officers or employees.

I understand this waiver means, among other things, that I am not entitled to sue CLCC or to receive compensation from CLCC if I suffer any losses, damages or injuries even if they are caused or alleged to be caused in whole or in part by the negligence of CLCC.

I make this waiver on behalf of myself, my successors, representatives, heirs, executors and assigns.

5. **INDEMNIFICATION FOR MY ACTIONS.** I am legally responsible for my actions and for my child's actions (if applicable) including, but not limited to, any damage to private or public property and/or personal injury. For and on behalf of myself, my successors, representatives, heirs, executors and assigns, I hereby agree to indemnify and hold harmless CLCC, its officers, employees and insurers, from and against any and all liabilities, claims and demands, including any third-party claim asserted against CLCC, its officers, employees or insurers, on account of any injury, death, loss, or damage of any kind whatsoever resulting from my participation as a volunteer.
  
6. **BROAD INTERPRETATION.** I understand and agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion of this agreement is held invalid, I further agree that the remainder of this agreement shall continue in full force and effect.
  
7. **AGREEMENT READ AND UNDERSTOOD.** I certify that I have carefully read and fully understand the effect of giving up the rights that I waive by signing this agreement, and I voluntarily sign this Release and Waiver of Liability.
  
8. **ALL NECESSARY INFORMATION RECEIVED.** I certify that, before participating as a volunteer and signing this agreement, I have received all information that I deem necessary to assess the potential degree of risk involved, and the extent of possible injury. I understand the activities and potential risks, and I am making an informed choice regarding my participation in such volunteer activities.
  
9. **PHOTO/VIDEO RELEASE.** In relation to the activity in which I am participating, I hereby authorize CLCC to photograph me, to edit the same at its discretion and to use photographs in any manner or media whatsoever, including, without limitation, unrestricted use for purposes of television, exhibition, publicity, advertising and publications. I further authorize CLCC to use my name, likeness or other information concerning me in connection with any program and for any other purpose. I agree that CLCC owns all rights and proceeds of my photos rendered in connection with the activity in which I am participating.

Participant - Print Name: \_\_\_\_\_  
 Participant Signature: \_\_\_\_\_  
 Date of Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT SIGNATURE AND DATE FOR PARTICIPANT UNDER 18 YEARS OLD**

By signing below, I acknowledge that I am the parent of the above-named participant as the term “parent” is defined in C.R.S. Section 13-22-107(2)(b), and, in addition to execution of the foregoing on behalf of the participant, I hereby waive and release any prospective claim of the participant against CLCC, its officers and its employees for negligence, to the extent provided by C.R.S. Section 13-22-107(3), in connection with the activities.

Parent - Print Name: \_\_\_\_\_  
Parent’s Signature: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEER ACTIVITIES INVOLVING DRIVING**

If the volunteer participation involves driving, I hereby certify by my signature below that I have obtained automobile liability insurance in the minimum amount required by the laws of the State of Colorado written by a company authorized to do business in Colorado and that I will maintain such insurance coverage during the time that I serve as a CLCC volunteer.

Participant - Print Name: \_\_\_\_\_  
Participant Signature: \_\_\_\_\_  
Participant’s Driver’s License Number: \_\_\_\_\_  
Automobile Liability Insurance Carrier Name, Policy Number, Amount of Coverage: \_\_\_\_\_  
\_\_\_\_\_