

# **HARP 2017 SPECIAL EVENTS VOLUNTEER INFORMATION**

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Office phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

(If under 18, Parent's Name & Phone)

If under 21 years old, please provide your age: \_\_\_\_\_

## **VOLUNTEER ACTIVITIES RELEASE – HARP AUTHORITY/ HARP FOUNDATION**

### **I. RELEASE OF LIABILITY AGREEMENT: PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING.**

In consideration for being permitted to perform the below-described volunteer activities for the Historic Arkansas Riverwalk of Pueblo Authority / HARP Foundation (HARP), I hereby acknowledge, represent, and agree as follows:

- A. I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include, but not be limited to, bodily injury, personal injury, sickness, disease, drowning, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the activities, including but not limited to the following risks:

Activities to be performed: Selling or distribution of various items to the public, including but not limited to soda, water, alcoholic beverages, t-shirts/hats; Collection and counting of monies and bartered currency from HARP and/or vendor booths; Clerical support at HARP Office, Walking Tours of the Riverwalk, Information posts at HARP Office and/or Welcome Center, Narrated Boat Tours and other tasks as needed.

Risks of such activities include, but are not limited to: tripping/falling, lifting (10lbs or less), sun/heat exposure.

- B. I hereby expressly assume all such risks of injury, loss, or damage to me arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of HARP, its officers, its employees, or by any other cause.

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- C. I further hereby waive, and exempt, release, and discharge HARP, its Board of Directors, officers, agents, members and its employees from, any and all claims, demands, and actions for such injury, loss or damage, arising out of or in any way related to the above-described activities, whether or not caused by

the act, omission, negligence, or other fault of HARP, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of HARP's officers or employees.

- D. I acknowledge and agree that said **AGREEMENT** extends to all acts, omissions, negligence, or other fault HARP, its officers, and/or its employees, and that said **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- E. I understand and acknowledge that HARP, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this **RELEASE AGREEMENT**, the monetary limitations (presently \$350,000 per person and \$990,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Government Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to HARP, its officers, or its employees.
- F. I understand and agree that this **RELEASE OF LIABILITY AGREEMENT** shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Pueblo, Colorado.
- G. This **RELEASE OF LIABILITY AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

**II. PARTICIPANT SIGNATURE AND DATE:**

Participant – Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

**III. IF PARTICIPANT IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:**

By initialing above and 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 I hereby waive and release any prospective claim of the Participant against HARP, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

Parent – Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**After completing the Volunteer Registration Packet, please mail or email it to the HARP Authority office at:**  
**125 Riverwalk Place, Pueblo, CO 81003-4203**  
**Email: [crystal@puebloriverwalk.org](mailto:crystal@puebloriverwalk.org)**  
**Contact Crystal Estrada with any questions (719) 595-0242**