



VOLUNTEER NOTIFICATION AND WAIVER OF LIABILITY

As a participant in this Volunteer Program, Delta County Fair ("Program"), do hereby and forever release and discharge Delta County, its board of county commissioners, its officials, officers, employees, agents, volunteers, and fair board ("County") and any sponsoring partners of the Volunteer Program, and each of their affiliates and respective board members, officers, employees, agents and volunteers from any and all claims, actions, expenses, liabilities, or damages of any nature whatsoever, including costs and attorney's fees, arising out of any personal injury or any loss or damage to property in any way resulting from or otherwise relating to the undersigned participation as a Volunteer in the Program. This Waiver and Release is binding upon the undersigned's heirs, executors, administrators, agents, insurers, and assigns and shall be interpreted in accordance with the laws of the State of Colorado.

I understand that nothing stated herein is intended to nor shall it be interpreted as diminishing or otherwise affecting any statutory or common law protection or immunity that Delta County may otherwise enjoy, including but not limited to, the government immunities, limitations and protections provided by C.R.S. Section 24-10-101 et seq.

I fully understand and agree to provide my services to the County as a volunteer in a volunteer capacity. County employees may volunteer to serve in a volunteer program so long as their activities do not directly relate to their County job.

I fully understand that the County will not provide or pay for medical treatment for injuries which occur within the scope and course of my volunteer activities. I fully understand that as a volunteer, I do not work for the County as an employee, therefore, I am not entitled to workers' compensation benefits and the County cannot provide lost wages or permanent disability benefits for the volunteer's regular employment.

I fully understand and agree that if I use my personal vehicle while conducting volunteer County business, my personal automobile insurance is my responsibility and primary to any other insurance that may exist.

I fully understand and agree that if I use any of my personal property while conducting volunteer County business, the County will not provide insurance coverage or be financially responsible should damage or loss occur.

I fully understand that as a County volunteer, I am covered by the County's liability insurance to the same degree and conditions as is a County employee.

By signing this form, the undersigned acknowledges having read the General Release and agrees to abide by all policies rules and guidelines set forth by Delta County Fair. Further the undersigned is aware of and understands the nature of the volunteer program and their participation requirements and conditions and agrees to the above. This waiver shall expire one year from the date signed.

Signed this _____ day of _____, 20_____.

PRINTED NAME OF VOLUNTEER

SIGNATURE OF VOLUNTEER

TELEPHONE NUMBER

If volunteer is a minor:

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DELTA COUNTY FAIR BOARD USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____