Colorado State University

Knowledge to Go Places

Authorized Volunteer Appointment

This letter identifies the following individuals as Authorized Volunteers for Colorado State University who will be performing duties that directly benefit Colorado State University while working for the

_____.
Print Name of Program or Unit

Complete the information below and the CSU Waiver Form on Page 2.

CSU Supervisor/Employee Making the Request:
Period of Volunteer Activities (include expected start & end dates):
Brief Description of the Volunteer Appointment:

List Name(s) of Volunteers and Type of CSU Volunteer/Employee (e.g., non-CSU, CSU student, CSU staff):

First Name	Last Name	Type of Volunteer	CSU ID # (If Affiliated)

Print Name and Signature of CSU Personnel Authorizing the Authorized Volunteer Person(s):
(e.g. Dean, Department/Unit Head)

_____

Clearly Print Name/Unit/Department Signature Date

Original: On file with Issuing Department
Copy: CSU Risk Management, Email Address, 141 General Services Building, 6002 Campus Delivery, 970-491-6745

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____
DATE OF BIRTH (MO/DAY/YR): _____
ADDRESS: _____
LOCATION OF ACTIVITY(IES): _____
DATE(S) OF ACTIVITY(IES): START DATE: _____ END DATE: _____
Check one: ☐ **CSU STUDENT OR** ☐ **NON-STUDENT**
DESCRIPTION OF ACTIVITIES: _____

INSURANCE INFORMATION:
IF STUDENT: I am aware that as a student of Colorado State University, I can purchase accident insurance, either through Colorado State University (*if available*) or through another insurance carrier or agent, and (*check one*) ☐ have ☐ have not exercised my right to do so.

NAME OF INSURANCE CARRIER: _____ POLICY NUMBER: _____

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS _____ DAY OF _____, 20_____.
Signature of Participant whose printed name appears above:

_____ _____
Signature Witness over 18 years of age (Participant must sign in the presence of the Witness)

If participant is under the age of 18, his or her parent or legal guardian must also sign:
I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

_____ _____
Signature of Parent or Legal Guardian (date) Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)

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