



CALF Volunteer Form

Volunteer's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Name of Employer _____

EMERGENCY CONTACTS

1. Name _____ Emergency Phone Number _____

Address _____

Work/Cell Phone _____

2. Name _____ Emergency Phone Number _____

Address _____

Work/Cell Phone _____

MEDIA RELEASE FORM

CALF requests your permission to feature you/ your child in the following ways and without compensation.

____ I agree to allow CALF to take and use photos, video tape, and/or quotes in CALF publications, website and local media publications.

____ I **do not** agree to allow CALF to take and use photos, video tape, and/or quotes in CALF publications, website and local media publications.

_____ (Signature) _____ (Date)

Note: If the participant is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the participant.

Signature of Parent or Legal Guardian

Printed Name



VOLUNTEER WAIVER

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I have agreed to serve as a volunteer for the Colorado Agricultural Leadership Foundation (CALF), and I recognize that my volunteer participation is a privilege afforded to me by CALF. Working on a ranch comes with inherent risk. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

a) I voluntarily waive, release, and hold harmless CALF and the Lowell Family Foundation (LFF), their trustees, officers, directors, employees, agents and other volunteers, from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a CALF volunteer. I understand that this waiver and release precludes my right of recovery of damages in the event I am injured in the course of my volunteer duties.

b) I shall defend, hold harmless and indemnify CALF and the LFF, their trustees, officers, directors, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omission in performing my volunteer duties.

I have read, fully understand and agree to the assumption of risk, release, hold harmless and indemnification terms set forth above.

Date: _____

Telephone #: _____

Participant's Signature

Printed Name

Address

City, State, Zip Code

Age (only if under 18 yrs. of age)

Emergency Telephone #

Note: If the participant is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the participant.

Signature of Parent or Legal Guardian

Printed Name