



LISTEN FOUNDATION

HELPING CHILDREN HEAR, LISTEN, **TALK**

**Cochlear Implant Family Camp
Volunteer Release and Waiver of Liability Form**

This Release and Waiver of Liability (the "Release") executed on _____ (date) by _____ ("Volunteer") releases the Listen Foundation, a nonprofit corporation organized and existing under the laws of the State of Colorado and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Listen Foundation Cochlear Implant Family Camp ("LFCIFC") and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Listen Foundation is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Listen Foundation will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's service to Listen Foundation Cochlear Implant Family Camp.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless the Listen Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to LFCIFC. I understand and acknowledge that this Release discharges Listen Foundation from any liability or claim that I may have against them with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to LFCIFC or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Listen Foundation does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Listen Foundation beyond what may be offered freely in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby release and forever discharge Listen Foundation from any claim which arises on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with LFCIFC.
4. Assumption of Risk: I understand that the services I provide to LFCIFC may be hazardous to me including but not limited to driving a golf cart, hiking, or attending YMCA activities. I agree to sign YMCA Waiver forms for the climbing wall or zipline and understand that I am not required to participate in any of those as part of my duties. I hereby expressly assume risk of injury or harm from my activities and release Listen Foundation from all liability.
5. Photographic Release: I grant and convey to LFCIFC all right, title and interests in any and all photographic images, video or audio recordings of me made by LFCIFC in connection with my providing volunteer services to Listen Foundation.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

Mail completed form to Julie Schlager, CI Family Camp, 1025 S Cook St, Denver, CO 80209