

**WAIVER AND RELEASE AGREEMENT
BOULDER COUNTY**

THIS IS A RELEASE OF LIABILITY, PLEASE READ CAREFULLY BEFORE SIGNING

In order for me or my child to participate as a volunteer in Boulder County's **Adopt-A-County-Road Program**, through the Boulder County's **Transportation Department**, and after due consideration of my or my child's age, health, physical condition, and ability, and the inherent risks and personal risks involved in this activity, I voluntarily agree to assume all risks of loss that arise out of my or my child's participation and agree to waive any and all claims against Boulder County and the other parties described below.

I hereby release, and agree to indemnify and hold harmless Boulder County, the Board of County Commissioners and any of their respective employees, agents, officers, representatives, successors, assigns, and insurers from liability for any injury, loss, or damage to my person or my child, or property, whether anticipated or unanticipated, resulting from my participation in any activities contemplated by this Agreement.

I realize that working on this program may involve risks and hazards, including the risk of injury, to my child or me. I am aware of the risks and hazards inherent in my or my child's participation and do hereby assume sole responsibility for all such risks and waive all claims against Boulder County and their respective agents, representatives, officers, employees, successors, assigns and insurers.

I do hereby acknowledge that I have viewed the Methamphetamine video provided by the Boulder County Transportation Department and/or watched it on the Colorado Department of Transportation's website.

I agree that my child or I will abide by the rules and regulations of Boulder County while participating on this program. I hereby acknowledge that I have read, understood and voluntarily agreed to the foregoing waiver and release agreement.

Adopt-A-Road Group Name: _____

Print adult or child's name: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

SIGNATURE OF PARENT OR GUARDIAN IF VOLUNTEER IS UNDER 18 YEARS OR AGE

*Thank you for offering to volunteer or have your child volunteer with Boulder County,
Volunteers play an important role in Boulder County's program and services
And we are grateful for your interest!*