



3280 Redstone Park Circle
Highlands Ranch, CO 80129
Phone: 303-791-2710/Fax: 303-470-9516
www.highlandsranch.org

Volunteer Waiver *Release of Liability Agreement*

This **Release Agreement** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns and transferees.

Volunteer Name: _____ Age of Volunteer: _____

Volunteer Position: Youth Sports Coach Date(s) of Activity(s): February 2017 – November 2017

In consideration for being permitted to perform the below described volunteer activity for Highlands Ranch Metropolitan District (District), I acknowledge, represent, and agree as follows.

- A. I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with these activities. Activities to be performed:

Youth Sports Head Coach or Assistant Coach. Team supervision during practices and games.

- B. By signing this **Release Agreement**, I hereby expressly assume and release the District from all such risks of injury, loss, or damage to me.
- C. I hereby also grant the District and its agents the right and license to use my and/or my child's name, image, likeness and comments in internal and external communications, not limited to advertisements, brochures, news releases newsletters, videos or websites.

***If volunteer is under 18 years of age, a parent or guardian signature and date must appear below.** By signing below, I acknowledge that I am the parent/guardian of the above volunteer and hereby agree to all terms as stated for my child.

Print Name: _____

Signature: _____ Date: _____
(Parent or Guardian must sign if Volunteer is under the age of 18)

Sport Coaching: _____ Age Group Coaching: _____