

APPLICATION VOLUNTEER LEAVE **ASMG – COLORADO CONVENTION CENTER**

PLEASE COMPLETE ALL INFORMATION

Employee Name _____ Department _____ Employee ID # _____

VOLUNTEER LEAVE REQUEST (Fill in all blanks)

Volunteer Event Name _____ Event Date: _____ Number of hours _____

REGULARLY SCHEDULED DAYS OFF _____

ONLY INCLUDE if occurring during absence!

Please remember that this form must contain all applicable information including the date and hours of the absence, the employee signature, supervisor signature, and manager signature. The completed form **MUST** be submitted to the Payroll Department before each Monday's payroll deadline. Payroll will record hours and submit originals of the form to the Human Resources Department.

FOR PAYROLL USE ONLY:

Initial and date received in Payroll _____

CLIMB VOLUNTEER PARTICIPANT INDEMNIFICATION AND RELEASE FORM AND MEDICAL AUTHORIZATION FORM

****READ THIS BEFORE SIGNING BELOW****

NOTE: By signing this Indemnification and Release Form, you are releasing SMG, the City and County of Denver, its officers, directors, agents, employees, hosts of the event, sponsors, volunteers, and their heirs and assigns (hereafter collectively referred to as the "Indemnities") from and against any and all liability, including liability for negligence.

Notice of Risk: I understand that participation in athletic activity is dangerous and may expose me to risk of serious bodily injury and possibly death. These risks include, but are not limited to, the possibility of collisions with other participants, spectators and the public; physical over exertion or heart attack; vehicle accidents while traveling to and from such activities; and equipment failure. I understand that no degree of care or caution can completely eliminate these risks. I believe that my overall physical health will allow me to participate safely in this activity.

Assumption of Risk, Release of Liability: I hereby freely and expressly assume and accept any and all risk of injury and/or death arising from my participation in any and all Wellness or Employee Relations Committee (ERC) athletic event activities. I hereby release the Indemnities from liability for any and all injuries and damages, including death, arising from my participation in any and all Wellness or ERC athletic activities I may undertake, including the use of any and all equipment provided or furnished to me. In so doing, I release the Indemnities from all liability, including, but not limited to, liability for negligence, failure to warn, product liability and warranty arising out of or in any way connected with my participation in athletic activities. Furthermore, I promise and agree not to make any claim or commence any lawsuit against the Indemnities for injuries or damages arising from my participation in Wellness or ERC Event activities or from the use of such equipment.

Indemnity Agreement: I hereby agree to hold harmless the Indemnities for death or injury to myself or any other person or property arising from my participation in a Wellness or ERC athletic activity, and/or the use of any such equipment provided or furnished to me. I further agree that in any action or proceeding arising out of this agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs from the other party or parties, in addition to any other relief. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, that provision will be severable and the remainder will remain enforceable and in effect.

Medical Authorization Agreement: I hereby consent to receive any medical treatments which may be administered or which is advisable in the event of an emergency, accident, or illness while I am participating in all SMG Wellness Program activities including all risks mentioned above.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of important legal rights and a disclaimer of important warranties, that I am signing this agreement in consideration of my participation in Wellness and Employee Relations Committee Program Activities, and that this agreement is an enforceable contract between myself and the Indemnities, which I sign freely and voluntarily.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

MANAGER SIGNATURE _____ DATE _____

➤ **REQUIRED**

Please return completed form to the Payroll Department to ensure proper payment.

Revised Form 05-2019