



Crossing Guard Volunteer Assumption of Risk and Waiver

I (participant), \_\_\_\_\_ hereby acknowledge and agree that serving as a volunteer crossing guard has inherent risks such as minor physical/emotional injuries like cuts, bruises, sprains; to serious physical injuries like breaks, dislocations, serious wounds, cardiovascular concerns, traumatic brain injury and possibly even a risk of death especially due to motor vehicle incidents such as an out of control driver, weather, or other conditions. I have sufficient knowledge of the nature and extent of all the risks associated with serving as a volunteer crossing guard and the use of facilities and equipment associated with these activities. If I had any questions or concerns regarding possible risks, I have addressed them with the crossing guard program coordinator.

I further acknowledge that the risks communicated by training and/or the activity/program sponsor may not be inclusive of the possible risks associated with serving as a volunteer crossing guard and that the activity/program facilitator(s) may not have anticipated all of the risks associated with the above activities.

I accept the fact that the program facilitator(s) cannot guarantee my total safety since some risks in such activities are beyond their control. I agree to follow all instructions and guidelines given by the facilitators, and to act in a safe and responsible manner toward all participants. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in information communicated to me by the facilitator(s).

I acknowledge, understand, and agree that as a volunteer crossing guard, I will not be considered an employee of Jeffco Public Schools for the purposes of Worker's Compensation, other labor laws, or other employment law except the Colorado Governmental Immunity Act. In the event of injury I acknowledge, understand, and agree that he/she will NOT be entitled to any workers' compensation benefits pursuant to the Workers' compensation Act of Colorado.

\_\_\_\_ Additionally, I certify that I am capable of meeting the physical demands of the activity (i.e., possess adequate sight, hearing, agility, the ability to stand and walk for two hours per day, and do not have high blood pressure).

\_\_\_\_ Further, I understand that I may need to provide adequate information for a background check to be performed. My ability to serve as a volunteer for Jeffco Public Schools is contingent on the findings of this research.

\_\_\_\_\_

Volunteer's Signature/Boot size

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Principal's Signature

\_\_\_\_\_

School