



## SUMMIT COUNTY LIBRARY

[www.SummitCountyLibraries.org](http://www.SummitCountyLibraries.org)

### MAIN LIBRARY

970.668.4138

0037 Peak One Dr. | PO Box 770  
Frisco, CO 80443

### NORTH BRANCH

970.668.4280

651 Center Cir. | PO Box 1248  
Silverthorne, CO 80498

### SOUTH BRANCH

970.453.3544

103 S. Harris St. | PO Box 96  
Breckenridge, CO 80424

## **Volunteer Acknowledgment, Waiver & Release**

I understand that my services to the Library are provided strictly in a volunteer capacity and without any express or implied promise of salary, compensation or other payment of any kind whatsoever.

I understand that my services as a Volunteer are furnished without any employment-type benefits, such as employee health insurance, worker's compensation, retirement plans and the accrual in any form of paid time off, vacations and sick time. My personal health insurance plan is the primary insurance for any accidents or injuries that may occur as a result of my volunteering with the Library.

I understand that if I use my personal vehicle while conducting volunteer county business, my personal automobile insurance is my responsibility and primary to any other insurance that may exist. I understand that if I use any of my personal property while conducting volunteer county business, the county will not provide insurance coverage or be financially responsible should damage or loss occur.

I understand that as a volunteer of the Summit County Library I may be asked to provide references and I may be subject to a background check.

I understand that, with limited exceptions, information concerning Library patrons is protected by Colorado Statute. This applies to records kept for the purpose of identifying the library patrons as well as materials related to a patron's account. I agree not to divulge any information regarding or relating to any library patron records. I agree that, if I am asked to divulge such information, I will contact a Library Staff member to determine if a release of such information is permitted.

I hereby release, and agree to indemnify and hold harmless the Summit County Library, Summit County, their respective agents, representatives, officers, employees, successors, assigns and insurers, (collectively "Released Parties"), from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damage, loss or injury to my person or property, whether anticipated or unanticipated, while volunteering as contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Released

Parties or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

I hereby release and forever discharge the Library from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or care rendered to me in connection with my Volunteer activities on behalf of the Library.

I consent to be included in promotional material developed and produced by the County. I understand that my participation is voluntary and I can withdrawal my consent at any time. Promotional material may include photographs and/or digital images, live and still action, and may be used in but not limited to, social media, videos, print media, pamphlets, brochures, newsletters and other media. I hereby grant the Library a non-exclusive right and license to display, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, adapt, create derivative works, exploit, and otherwise use my name, image, and likeness, and all materials created by or on behalf of the Library that incorporate any of the foregoing on a perpetual basis throughout the world, and in any medium or format whatsoever, whether now existing or hereafter created, without further consent from or royalty, payment, or other compensation to me for public relations purposes.

Date: \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_

Printed Name of Volunteer \_\_\_\_\_

**Signature of parent or guardian (Volunteers under 18 years of age)**

As a parent or legal guardian of the above-named Volunteer, I hereby give consent for my child or ward, to become a Volunteer for the Summit County Library as described in the above and, by the signature below, join in and agree to be bound by the terms and conditions of the Waiver on the preceding pages.

Date: \_\_\_\_\_ Name of Volunteer \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

**Please return this form to the volunteer coordinator at the library where you are volunteering.**