



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

Volunteer Agreement and Waiver

Volunteer's Name	
Address	
City/State/Zip	
Date	

The University of Colorado welcomes you as an authorized volunteer in the Pre-Collegiate Success and Support Center (PCSSC) at the University of Colorado.

The scope of your volunteer activities includes: Supervising or assisting in Science Olympiad competition events or assisting student participants. **Volunteers – please follow all safety rules for your event. Any questions please reach out to Science Olympiad organizers or call campus police at 719-255-3111. We must file any injury or safety reports for these minors. Sponsoring department can be reached at 719-255-5124 or vtaylor5@uccs.edu.**

As a CU volunteer, you will will not have to undergo a background check.

Your university activities span April 4, 2026 from 7:00am – 6:00pm.

Your volunteer coordinator will be Vicki Taylor, vtaylor5@uccs.edu 719-255-5124

You will be required to have the following trainings and follow the location specific safety requirements: personal protective equipment if applicable for your event.

As a volunteer you are not an employee or contractor as determined by FLSA 29 CFR §553.103 and will not be compensated monetarily for your volunteerism. There is no expected work product. You are not eligible to receive workers' compensation, but general liability insurance is provided during the period for which you are acting in the capacity of an authorized volunteer.

Volunteer Emergency Contact Information

Emergency contact names and phone numbers

University of Colorado Notice of Risk and Waiver of Responsibility Agreement

The Colorado Workers' Compensation Act (C.R.S. § 8-40-202) provides that a volunteer is not an employee for workers' compensation purposes. Therefore, as a volunteer, you are not an employee or agent of the University of Colorado for workers' compensation purposes. You are not entitled to receive workers' compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care.

Separate and apart from workers' compensation, pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-103(4)(a)), an authorized volunteer is defined by as a "Public Employee" for governmental immunity purposes only.

Use of a privately owned vehicle, including the operation or as a passenger, may be an option while participating in the volunteer activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle. If I am a current University of Colorado (CU) employee, I certify that this volunteer activity is not the same or similar to my duties as a CU employee.

I exercise my own free choice to participate in the designated activity. I understand and assume all associated risks. These risks include but are not limited to lab mishaps or entry event accidents.

Enter risks.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated volunteer activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my volunteer activities. I hereby certify that I have read and understand the provisions above.

Volunteer Signature

DATE:

Approved by Name / Department

Date

X

Department Signature

University of Colorado Volunteer Confidential Disclosure Agreement

I understand that my access to the University of Colorado facilities may be limited in the sole discretion of the PCSSC personnel.

In the course of this volunteer experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the PCSSC and University of Colorado activities, patients, personnel, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover while volunteering is considered "confidential information". I agree that I will not disclose or discuss any confidential information with any third parties while I am volunteering or at any time after my experience is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado, including but not limited to applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA") and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Standards") and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Standards"). I further agree that after my volunteer activity is completed, I will return to PCSSC any and all documents and copies that I have in my possession that contain Confidential Information.

I hereby certify that I have read and understand the provisions above.

X

Volunteer Signature

DATE: _____

University of Colorado Photo Release Form

I hereby grant the University of Colorado unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or video graphic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade.

I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images.

I hereby release the Regents of the University of Colorado, the University of Colorado, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above.

I understand that the photographs taken by the staff or their designers of the University of Colorado will be included in the department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of the University of Colorado.

I hereby affirm that I am of full age and, if appropriate, have every right to complete this contract in my own or my child's name. I state further that I have read and fully understand the above authorization, release and agreement.

I hereby certify that I have read and understand the provisions above.

X _____

Volunteer Signature

DATE: _____