



**RELEASE AGREEMENT FOR 9/11 EVENT VOLUNTEERS**

**VOLUNTEER: (Name and Address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

**ORGANIZATION:**

**Hands on Heroes, LLC**  
**www.handsonheroescolorado.com**  
**303.884.8751**

**DESCRIPTION OF VOLUNTEER'S SPECIFIC ACTIVITY:** Post event sports massage activities

**As a volunteer representing Hands On Heroes, LLC at the "Colorado 9/11 Memorial Stair Climb" at the Red Rocks Amphitheater on September 11, I certify and agree to the following, as indicated by my initials:**

\_\_\_\_\_ I am 18 years of age, or older.

\_\_\_\_\_ I am voluntarily performing the activity described above, without any promise of compensation now or in the future as a result of my participation.

\_\_\_\_\_ I agree that Hands On Heroes, LLC may use my name and likeness (including photographs and/or video) for publicity or promotional purposes without liability or obligation to me.

\_\_\_\_\_ I understand and agree to adhere to the following Confidentiality Policy: In the course of volunteering for Hands On Heroes, LLC, I may come to have access to confidential or sensitive information. It is my responsibility not to reveal this information and to use such information only as it pertains to my volunteer activities. I understand that examples of such information include, but are not limited to, donor or volunteer names, phone numbers, employment information, or financial information. I also understand that any breach of this policy will result in termination of my relationship with Hands On Heroes, LLC.

\_\_\_\_\_ I understand my volunteer activities within the scope and duration of this event may cause me to be exposed to accidents or risks that may result in my illness, personal injury or death.

\_\_\_\_\_ I hereby accept all risks to my health and risks of accident, injury or death as a result of participating in this event and I hereby release Hands On Heroes, LLC, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my activities as a volunteer, whether caused by negligence of the HOH, its governing board, officers, employees, or representatives, or otherwise.

\_\_\_\_\_ I agree to indemnify and hold harmless Hands On Heroes, LLC and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while acting as a volunteer.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE SERVING IN MY CAPACITY AS A VOLUNTEER AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date