

## 2022 FOR DOCENT, SPECIAL SESSIONS, COS WORK SITE & SESSION H REGISTRATION

*Friends of the Cumbres & Toltec Scenic Railroad, Inc.*  
4421 McLeod NE, Suite F, Albuquerque, NM, 87109

Name \_\_\_\_\_ Street \_\_\_\_\_ ☐ Do not include my address in directory  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_ **Emergency Contact Phone** \_\_\_\_\_  
Health Insurance Provider & **Policy No.** \_\_\_\_\_  
Work with (Name) \_\_\_\_\_ DOB (minors only) \_\_\_\_\_

<b>VOLUNTEER EVENTS</b>	Docent Yard & Train	Special Session SS1	Special Session SS2					Session H Outside Session	Colorado Springs Work Site
<b>Note: Enter Special Session Number if Special Session</b> ▶									
<b>START DATE</b> ▶	Jun 11	May 13	Sep 23					Jan 1	Jan 1
<b>END DATE</b> ▶	Oct 23	May 15	Sep 25					Dec 31	Dec 31
<b>REGISTRATION DEADLINE</b>	OPEN	OPEN	OPEN					OPEN	OPEN
<b>JOB SELECTIONS</b> ▼									
Restoration Session Job Choice #1 (Obtain Job # from Project Schedule)			0743					0208	
Restoration Session Job Choice #2 (Obtain Job # from Project Schedule)									
Restoration Session Job Choice #3 (Obtain Job # from Project Schedule)									
<b>Restoration (Dual Job)</b> (Obtain Job # from Project Schedule)									1125
<b>Restoration (Dual Job)</b> (Obtain Job # from Project Schedule)									
<b>Restoration (Dual Job)</b> (Obtain Job # from Project Schedule)									
Docent Registration (Enter Job # 0400)	0400								
Colorado Springs Work Site (Enter Job # 1373 )									1373
<b>PAYMENTS</b> ▼									
Insurance - \$ 5 per year (one time only)									
Docent Registration - \$10 per year									
Colorado Springs Work Site registration - \$10 per year									
Special Session Registration - \$ 5 per session									
Lunches - \$ 50 per week during scheduled sessions only									
Lunches (when offered) \$ 10 per day <b>M T W T F</b> <b>Circle days that lunch is desired</b>									
Membership - \$35 minimum USA / \$50 Foreign (List family members and relationships on back)									
<b>TOTAL PAYMENT \$</b> (check pay to: Friends of the C&TSRR)									

Please charge: Visa ☐ Master Card ☐ Discover ☐ Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_  
Name as it appears on the card: \_\_\_\_\_ Signature \_\_\_\_\_

## RELEASE, WAIVER AND CERTIFICATE OF COMPLIANCE

THIS RELEASE, WAIVER, AND CERTIFICATE OF COMPLIANCE is made and entered into as of the date set forth herein below, by and between the undersigned [hereinafter referred to as "Volunteer"] and *Friends of the Cumbres & Toltec Scenic Railroad, Inc.*, a New Mexico non-profit corporation [hereinafter referred to as "*Friends*"], the *Cumbres Toltec Operating Company, LLC* [hereinafter referred to as "*Operator*"] doing business as the *Cumbres & Toltec Scenic Railroad*, operator of certain real estate and facilities hereinafter described, the *Cumbres & Toltec Scenic Railroad Commission*, a Bi-state Agency, owner of such real estate and facilities [hereinafter referred to as "*Owner*"], The Pikes Peak Historical Street Railway Foundation (PPHSRF) operator of the Trolley Museum at the Friends Colorado Springs Work Site [hereinafter referred to as "*Museum*"] and the City of Colorado Springs [hereinafter referred to as "*City*"].

WHEREAS, *Owner* is the owner and *Operator* is the operator of certain real estate, improvements and other property [hereinafter collectively referred to as "*Property*"] known as the *Cumbres & Toltec Scenic Railroad*, which has National Landmark status; and

WHEREAS, *Owner* and *Operator* have granted the *Friends* the privilege of assisting in the historical preservation of the *Property* and have given permission to *Volunteer* to enter upon the *Property* and to allow *Volunteer* to perform tasks at the *Volunteer's* request; and

WHEREAS, *Museum* and *City* have granted the *Friends* the privilege to utilize a designated portion of the *Museum* to restore a historic rail car and to allow *Volunteer* to enter upon the *Museum*, *City* and to allow *Volunteer* to perform tasks at the *Volunteer's* request.

NOW, THEREFORE, for and in consideration of permission granted by *Owner*, *Operator*, *Museum*, *City* and *Friends* to *Volunteer* to participate in historical preservation work, the undersigned *Volunteer* does hereby release and discharge *Friends*, *Owner*, *Operator*, *Museum*, and *City*, their agents, employees, officers and Directors, from all claims, demands, actions, judgments and execution, which the undersigned *Volunteer* may now have or may hereafter have, or which the undersigned's heirs, executors, personal representatives or assigns may have or claim to have, against *Friends*, *Owner*, *Operator*, *Museum*, or *City*, their successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or, arising out of, or relating to, directly or indirectly, the above described historical preservation activities, or *Volunteer's* presence on the *Property* or *Museum* for that purpose.

FURTHER, the undersigned *Volunteer* certifies:

1. That the undersigned *Volunteer* is currently a member in good standing of the *Friends* and PPHSRF if working at the Colorado Springs Work Site.
2. That in signing the above Release, the undersigned *Volunteer* acknowledges that the *Friends*, *Owner*, *Operator*, *Museum*, and *City* will not be liable for any injuries to the *Volunteer*.
3. That the undersigned *Volunteer* has read the **Friends Safety Manual (Part 1) Basic Safety & Work Rules for all Volunteers**, WEB safety manual, Form R-8, dated February 23, 2021 adopted by the *Friends* and understands the same and acknowledges that he/she will not work under unsafe conditions.
4. That the undersigned *Volunteer* acknowledges that he/she has in force an adequate health insurance or major medical policy to protect him/her from medical treatment costs in the event of accidental injury.

**THE VOLUNTEER'S SIGNATURE MUST BE WITNESSED AND THE WITNESS MUST SIGN BELOW ON THE WITNESS SIGNATURE LINE.**

Date: \_\_\_\_\_

\_\_\_\_\_  
PRINT VOLUNTEER NAME: First & Last

\_\_\_\_\_  
VOLUNTEER: Signature

\_\_\_\_\_  
PARENT / GUARDIAN: Signature  
(only if volunteer is a minor)

\_\_\_\_\_  
WITNESS: Signature

If paying membership as family, list family members to be included: \_\_\_\_\_