

2025 FOR DOCENT I, SPECIAL SESSIONS, COS WORK SITE, SESSION H & PROJECTS J 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 _____ Cell Phone _____ **Emergency Contact Phone** _____
 Health Insurance Provider & **Policy No.** _____
 Work with (Name) _____ DOB (minors only) _____

VOLUNTEER EVENTS	Session I Docent Program	Special Session SS6	Special Session	Special Session	Special Session	Special Session	Special Projects J Interpre- tation	Session H Outside Session Schedule	Colorado Springs COS Work Site
Note: Enter Special Session Number if Special Session ▶									
START DATE ▶	May 22	Oct 24					Jan 1	Jan 1	Jan 1
END DATE ▶	Oct 21	Oct 26					Dec 31	Dec 31	Dec 31
REGISTRATION DEADLINE	OPEN	OPEN					OPEN	OPEN	OPEN
JOB SELECTIONS ▼									
Restoration Session Job Choice (Enter Job # from Project Schedule)		1379					1394	0208	
Restoration Session Job Choice (Enter Job # from Project Schedule)							1395		
Restoration Session Job Choice (Enter Job # from Project Schedule)								0246	
Restoration (Dual Job) (Enter Job # from Project Schedule)								0270	1125
Restoration (Dual Job) (Enter Job # from Project Schedule)								0294	1101
Restoration (Dual Job) (Enter Job # from Project Schedule)								0705	
Docent Registration (Enter Job # 0400)	0400							0790	
Colorado Springs Work Site (Enter Job # 1373)								1005	1373
PAYMENTS ▼								1286	
Insurance - No Fee 2025 (one time only per year)								1345	
Docent Registration – No Fee 2025 (enter YES in Column)								1398	
Special Session registration- No Fee 2025 (enter YES in Column)									
COS Work Site registration - No Fee 2025 (enter YES in Column)									
Spec Projects registration - No Fee 2025 (enter YES in Column)									
Lunches – \$10 P/Day, \$50 P/session scheduled sessions									
Lunches (when offered) M T W T F Circle days that lunch is desired									
Membership - \$40 minimum USA / \$50 Foreign (List family members and relationships on back)									
TOTAL PAYMENT \$ (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, revised December 19, 2023 adopted by the *Friends Board of Directors* and the volunteer 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: _____