

2026 Volunteer Application

Brain Injury Association of Colorado (BIAC)

Application Deadline: Due 2 months prior to camp

SECTION ONE: Tell Us About You

Applicant Name: _____

Date: ____ / ____ / ____

Current Address

Street: _____

City: _____ **State:** ____ **Zip:** _____

Phone: _____

Emergency Phone: _____

Email: _____

Permanent Address

Street: _____

City: _____ **State:** ____ **Zip:** _____

Permanent Email: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female

I agree to a background check: Yes No

Are you a B.I. Survivor? Yes No

Personal Statement

Write a short description of yourself. Include:

- Your interests
- Your background
- Why you want to volunteer for BIAC Recreation Programs

- If you are seeking field work credit

Recreation Program Preference

Please indicate your top choices:

- Challenge By Choice #1 (June 14th - 19th, 2026)
 - Challenge By Choice #2 (July 12th – 17th)
 - Challenge By Choice #3 (August 9th - 14th)
 - Creative Minds (September 11th – 14th)
-

Emergency & Medical Information

Applicant Name: _____

Date: ____ / ____ / ____

Emergency Contacts

Contact 1

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Contact 2

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Medical Information

Current Medical Insurance: Yes No

Name on Card: _____

Group #: _____

Plan #: _____

Member Services Phone #: _____

Current Physician: _____

Phone #: _____

Mobility

Balance concerns: No Yes

If yes, explain: _____

Back Problems

Current or previous back problems: No Yes

If yes, explain: _____

Ever injured your back: No Yes

If yes, explain: _____

Describe injuries and treatment received:

Sleep Routine

Usually wake up: _____

Usually go to bed: _____

Meals & Dietary Needs

Religious dietary needs: No Yes

If yes, explain: _____

Allergies: No Yes

If yes, explain: _____

Vegetarian: No Yes

Dislikes: No Yes

If yes, explain: _____

Camp & Background Information

Applicant Name: _____

Date: ____ / ____ / ____

Have you volunteered for BIAC before? No Yes

If yes, when and which programs?

Other recreation programs attended (include number of years):

Need assistance with Field Credits? _____

When You're Not at Camp

Living Situation:

Own home

With family

Apartment alone

Apartment with roommate

Currently in school? No Yes

If yes, where? _____

Employer: _____

Character References (Required)

1. Name / Relationship / Phone

2. Name / Relationship / Phone



Volunteer Medical Form

(To Be Completed by Physician Annually)

Applicant Name: _____

Date: ____ / ____ / ____

Medical History

1. Chronic health problems and treatments:
-

2. Hepatitis B carrier or exposure? Yes No

Lab test conducted? Yes No

Antibodies present? Yes No

Physician Initials: _____

3. Other infectious or contagious conditions? Yes No

Explain: _____

4. Allergies: Yes No

Describe: _____

5. Seizures: Yes No

Type: _____

Date of last seizure: ____ / ____ / ____

Controlled by medication? Yes No

Medication: _____

Warning signs? Yes No

6. Heart/Vitals Concerns:

Heart problems

Murmur

Irregular heartbeat

Blood pressure concerns

Problems at higher elevation? Yes No

7. Immunizations up-to-date? Yes No
Last tetanus shot: ____ / ____ / ____

Medications

Medication	Dosage	Times/Days	Reason	Additional Info we need to know

Over-the-counter medications: _____

Vitamins/Herbs: _____

Restrictions

Hospitalized in past 12 months? Yes No

If yes, explain: _____

Physical restrictions? Yes No

Explain: _____

Pulse Ox Range: _____ to _____

Physician Signature: _____ Date: ____ / ____ / ____

Physician Name (Print): _____

Office Phone: _____ Emergency Phone: _____

No Physician's Consent (If Applicable)

I, _____, have not recently been evaluated by a physician but deem myself fit for participation.

Volunteer Signature: _____ Date: ____ / ____ / ____

Send completed form with physician signature to:

Mikayla Florian

1325 S. Colorado Blvd., B300

Denver, CO 80222

Email: Mikayla@BIAColorado.org

Phone: 720-379-1706

Authorization to Release & Share Protected Health Information (PHI)

I authorize the Brain Injury Association of Colorado to obtain and share protected health information with:

Breckenridge Outdoor Education Center (BOEC)
PO Box 697
Breckenridge, CO 80424
970-453-6422

Purpose: Services through BIAC Recreation Programs.

Participant Name: _____

DOB: ____ / ____ / ____

Guardian/POA (if applicable): _____

Phone: _____

Relationship: _____

This authorization is valid for 1 year unless revoked in writing.

Signature: _____ Date: ____ / ____ / ____

Witness (if required): _____

Section Three: Release & Privacy Practices

Release of Liability and Assumption of Risk

WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND CONSENT FOR MEDICAL TREATMENT. BRAIN INJURY ASSOCIATION OF COLORADO ("BIAC") RECREATION PROGRAMS

The Participant identified below, if at least 18 years old, or, if participant is younger than 18 or is otherwise a protected person ("Protected Person"), the Protected Person's parent or legal guardian, has read this agreement and has signed it on behalf of him/ herself and the Protected Person, if applicable. The adult Participant or the Protected Person's parent or legal guardian will be referred to herein as "Adult", and Adult and the Protected Person are collectively referred to as the "Undersigned". "Participant" refers to the person actually taking part in some or all of the BIAC Recreation Programs described below (collectively "Programs", individually a "Program"). The Undersigned understand and agree that Participant will not be permitted to take part in a Program unless this Warning, Assumption of Risk, Release of Liability and Indemnity Agreement and Consent for Medical Treatment ("Agreement") is fully executed.

UNDERSIGNED UNDERSTAND AND AGREE THAT THIS AGREEMENT WILL APPLY FOR EACH AND EVERY DAY PARTICIPANT ENGAGES IN ANY PROGRAM WITHOUT REQUIRING UNDERSIGNED TO SIGN AN ADDITIONAL AGREEMENT FOR EACH DAY AND/OR EACH PROGRAM UNTIL UNDERSIGNED REVOKE IT IN WRITING AND THAT WRITING IS ACCEPTED IN WRITING, SIGNED BY BIAC'S AUTHORIZED REPRESENTATIVE. ADULT ACKNOWLEDGES, UNDERSTANDS AND AGREES THAT BY SIGNING THIS AGREEMENT ADULT FOR HIM/HER SELF AND, IF APPLICABLE, ON BEHALF OF THE PROTECTED PERSON, IS ASSUMING RISKS, WAIVING RIGHTS AND RELEASING CLAIMS IN ADDITION TO THOSE ADDRESSED BY COLORADO LAW. UNDERSIGNED UNDERSTAND AND AGREE THAT ASSUMPTIONS OF RISK AND LIMITATIONS OF LIABILITY AS SET FORTH IN COLORADO LAW SHALL APPLY TO EVERY PROGRAM IN WHICH PARTICIPANT ENGAGES THROUGH OR IN CONNECTION WITH BIAC WHETHER INSIDE OR OUTSIDE OF THE STATE OF COLORADO.

Undersigned understand and agree that indoor and outdoor recreational Programs involve certain dangers and risks that can lead to injury and death. Such risks and dangers include, without limitation, dehydration, overexertion, heat related injuries, insect bites/stings, rapidly changing weather conditions, exposure to the sun, hail, rain and lightning, wildlife encounters, uneven terrain and playing fields, rocks and gravel and potentially slippery conditions and/or travel to or from an Program. For those Programs taking place in Colorado, additional risks include, but are not limited to, reduced oxygen in the air at high altitude, falling trees and limbs and increased risk of dehydration.

By signing this Agreement Adult on his/her own behalf and, if applicable, on behalf of Protected Person acknowledges the general risks described above and the specific risks associated with the Programs and, as a condition to Participant engaging in the Programs agrees to:

(1) ASSUME ANY AND ALL RISKS OF INJURY OR DEATH to the Participant while or as a result of participating in any Program; (2) WAIVE, RELEASE, and NOT SUE, MAKE ANY CLAIMS OR FILE ANY ACTIONS against BIAC, all Program sponsors, operators of events, owners and operators of training and/or Program venue and owners of professional sports teams affiliated with any Program, each of their insurance carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers, and agents, and equipment manufacturers and distributors (hereinafter the "Indemnified Parties") that are based on or that result from, in whole or in part, participation in Programs;

INDEMNIFY, DEFEND AND HOLD THE INDEMNIFIED PARTIES HARMLESS from any and all claims, demands,

actions, causes of action, losses or liabilities whatsoever arising from or related to any loss, damage or injury, including death, that may be sustained by Participant or caused to others or their property by Participant while taking part in any Program, including, but not limited to, those injuries and damages caused by negligence and/or breach of warranty, express or implied, on the part of the Indemnified Parties. Undersigned agree to pay all costs including reasonable attorneys' fees and disbursements incurred by any Indemnified Party in defending an investigation, claim or suit brought by or on behalf of Undersigned.

PROGRAMS:

RAFTING, KAYAKING, PADDLE BOARDING, CANOEING, WATER SPORTS, CAMPING, HIKING, FISHING, FIELD AND COURT SPORTS, ROCK CLIMBING, ROAD BIKING, CLIMBING WALL.

The programs involve risks, including, but not limited to, choice of boating course, carrying boats and other equipment, accidents or illness in remote places, changing weather and water conditions, lightning, hidden and underwater rocks, logs and plant life, and other obstacles, changing and unpredictable currents, drowning, hypothermia, exposure to the elements, overturning, entrapment of body parts, contact with obstacles or other persons participating in the same or similar Programs, negligence or misconduct of such persons, slipping and falling, and equipment failure.

Camping, hiking and fishing are HAZARDOUS Programs that involve risks, including, but not limited to, exposure to the elements, lightning, hypothermia, changing weather conditions, possibility of becoming lost or disoriented, drowning, wildlife encounters, dangers caused by other persons engaged in similar Programs and the negligence of such persons, misuse or careless use of equipment, equipment failure, slippery, uneven and unstable footing, hitting rocks or other objects and the possible occurrence of landslides and flooding.

Some of the risks and dangers, involved in participation in field and court sports include without limitation, the action or inaction of the Participant or others participating in the Programs, the condition of the premises where the Programs take place, actions or inactions of coaches, trainers, supervisors, observers, and attendants conducting the Programs and risks inherent in the sports themselves such as throwing, catching and hitting balls, contact with other participants and use of any equipment provided or made available by BIAAC and the potential for equipment malfunction.

The Climbing Wall is a HAZARDOUS Program that involves risks, including, but not limited to, failure of equipment and/or rope failure, misuse or careless use of equipment, improper use of equipment, loose holds, slipping and falling.

Rock Climbing including bouldering, rappelling, and Tyrolean bridge Programs, are HAZARDOUS Programs that involve risks, including, but not limited to, failure of equipment and/or rope failure, slipping and falling, exposure to changing and dangerous weather conditions, lightning, uncertain, slippery and unstable surfaces for footing and hand holds, dangers caused by other persons engaged in similar Programs, misuse or careless use of equipment, improper use of equipment, the possible occurrence of landslides and falling stones and other objects. Rock Climbing also involves strenuous physical Program that may be hazardous to some people due to their physical condition and the high altitude at which the climbing occurs.

Road biking is a HAZARDOUS Program that involves risks, including, but not limited to, uneven and/or slippery road conditions, narrow roads, variations in terrain, bumps, loose gravel and dirt, wet surfaces, holes and potholes, debris, equipment failure, including sudden flat tires, encountering vehicles, animals, pedestrians and other cyclists, negligence or reckless conduct of drivers or others and exposure to the elements including rain, wind and lightning.

The ropes course and slack line training are HAZARDOUS Programs that involve risks including but not limited to failure.

Obstacle course Programs are HAZARDOUS Programs which can result in serious injury or death. Obstacle courses are Programs that involve running, climbing, swinging, vaulting, jumping, rolling and other full body movements on, over, under, and off of obstacles. These Programs involve risks including but not limited to tripping, falling, rope burns, collisions or falls off of course obstacles, overexertion, and dehydration.

Undersigned recognize that injuries are a common and ordinary occurrence of participation in the Programs, and that death may even result. Nonetheless and with full knowledge and understanding of the above general and specifically identified risks involved in the various Programs, Adult voluntarily elects to, or, if applicable, chooses to allow Protected Person to participate in the Programs. Undersigned understand and agree that to reduce the risk of injury or death the Participant will wear a helmet at all times while bicycle riding, or other skating Programs, rock

climbing, rafting, canoeing or kayaking. Undersigned will, to the extent possible, follow carefully all instructions on the safe and proper use of the equipment and will ask questions and request instructions so that the function and proper and safe use of all equipment rented or otherwise made available to Participant is clear to and understood by the Adult Participant or by the parent or legal guardian of the Protected Person so that such may be explained to and, to the extent reasonably possible, understood by the Protected Person before the Program is undertaken. Undersigned understand and agree that helmets cannot guarantee the wearers safety nor can protect against all potential head injuries or prevent injury to the face, neck or spinal cord.

Undersigned accept for use any equipment provided to Participant "AS IS" and accept full responsibility for its care and will pay for any loss or damage, other than reasonable wear resulting from its use.

The Undersigned understand, acknowledge and agree that he/she is responsible for determining Participant's medical, physical or other qualifications or suitability for participating in the Program. The Undersigned authorize any Indemnified Party and/or their authorized personnel to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. The Undersigned understand and agree that upon arrival of medical personnel or, where applicable, Participant's transportation to any such medical facility or hospital that the Indemnified Party shall have no further responsibility for Participant. Further, the Undersigned agree to pay all costs associated with such medical care and related transportation provided for Participant and shall indemnify and hold harmless the Indemnified Party for any costs incurred therein, or any claims originating therefrom. The Undersigned are advised and acknowledge that, before participating in the Program, Participant should be covered by personal health insurance sufficient to cover any expenses that may result from an injury occurring during or in connection with the Program.

In consideration for participation in an Program, Adult agrees for him/herself and on behalf of Protected Person, if applicable, that ALL claims arising from or related to any Program, including for injury to person or property and/or death shall be GOVERNED BY COLORADO LAW, without regard to conflicts of law principles, and that EXCLUSIVE JURISDICTION shall be in the Grand County, Colorado District Court or in Federal Court for the District of Colorado. UNDERSIGNED VOLUNTARILY AND IRREVOCABLY WAIVE ANY OBJECTION TO SUCH LAW AND JURISDICTION.

Undersigned give BIAC permission to take and use photographs, video and audio recordings, or movies of participants taken during an Program for any purpose in promoting BIAC or related Programs of BIAC in print, brochures, advertisements, films or videos and on broadcast presentations of any sort.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. THE UNDERSIGNED PARENT OR LEGAL GUARDIAN REPRESENTS AND ACKNOWLEDGES THAT HE/SHE IS ENTITLED TO AND IS SIGNING THIS AGREEMENT ON BEHALF OF PROTECTED PERSON AND THAT PROTECTED PERSON WILL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. UNDERSIGNED UNDERSTAND AND AGREE THAT IF THIS AGREEMENT IS NOT SIGNED ON BEHALF OF PROTECTED PERSON, PROTECTED PERSON WILL NOT BE PERMITTED TO PARTICIPATE IN ANY PROGRAMS.

This Agreement shall be binding upon Undersigned's' assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

Applicants Name:

Applicants Signature:

Date of Birth:

Date:

Privacy Practices

The Brain Injury Association of Colorado (BIAC) is required to follow the privacy practices described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time and apply any changes to all medical information we have. If we do so, we will post a new Notice on our website at <http://biacolorado.org/privacy>. You may request a copy of the new Notice by contacting us at 303.355.9969 or 888.331.3311.

YOUR RIGHTS TO PRIVACY: Your medical information will not be shared and/or disclosed without your permission except as described in this Notice under Disclosures Not Requiring Your Permission. You may authorize other disclosures by completing an authorization form, and may withdraw this authorization in writing at any time. You have the right to ask the Brain Injury Association of Colorado to:

- Contact you by telephone, fax, mail, or e-mail at a specific number or address;
- Limit the use and/or disclosure of your medical information (we are not required by law to agree to your request);
- Look at or have a copy of any part of your designated record set maintained by the Brain Injury Association of Colorado (you may be charged processing and/or postal fees for this request);
- Change or add information to your designated record set (original documents may not be changed);
- Provide a list of disclosures of your medical information made after April 14, 2003 (which will not include disclosures for purposes of treatment/treatment alternatives, payment, health care operations, appointments, or those made to you or with your permission)

You may access your medical information by submitting a request to BIAC at 7900 E Colfax Ave Denver, CO 80222

DISCLOSURES NOT REQUIRING YOUR PERMISSION: The Brain Injury Association of Colorado can make disclosures under the following circumstances without your permission, under court order or law. Whenever permitted, you will be informed of these disclosures:

- Government Agencies and/or organizations Providing Benefits, Services, or Disaster Relief – For example, we may disclose information to the Red Cross for you to receive benefits during a natural disaster.
- Public Health – For example, we may disclose medical information for disease control and prevention, problems with medical products or medications, or prevent abuse, neglect or domestic violence.
- Health Oversight Activities – For example, we may disclose information to approved government agencies such as those responsible for the Medicaid program, U.S. Department of Health and Human Services or the Office of Civil Rights.
- Judicial and Administrative Hearings – For example, we may disclose specific medical information under court order or C.R.S. 27-10.
- Law Enforcement Purposes – For example, we may disclose information for law enforcement purposes, such as subpoenas.
- Coroners, Medical Examiners, and Funeral Directors - For example, we may disclose information to such professionals who need it to administer their work.
- Organ Donation and Disease Registries - For example, we may disclose medical information to authorized cancer or transplant registries.
- Research Purposes - For example, we may disclose information to assist with medical or psychiatric research.
- To Avert Serious Threat to Health, Safety, or Emergency Situation - For example, we may disclose information to prevent a serious threat to the health and safety of an individual or the public.
- Specialized Government Functions - For example, we may disclose information for national security purposes or to military authorities if you have been a member of the armed forces.
- Correctional Institutions - We may disclose medical information to correctional facilities to maintain the health, safety, and security of this system.
- Workers' Compensation - We may disclose medical information to programs that provide benefits for work

related injuries without regard to fault.

- As Otherwise Required By Law

Applicants Name:

Applicants Signature:

Date of Birth:

Date: