



WAIVER/RELEASE OF LIABILITY
ALL VOLUNTEERS MUST SIGN A WAIVER/RELEASE FORM

First Name: _____ Last Name: _____

Age: _____ DOB: _____

Address: _____

Cell Phone: _____ Email: _____

Please Note: Adult Supervision is NOT provided by Oro Loma Sanitary District. All Volunteers ages 2-17 must be accompanied by a participating adult.

The Undersigned (or the Parent/Legal Guardian thereof, if Volunteer is a minor under 18 years of age), _____ (“Volunteer”), agree that I desire to participate in the Oro Loma Sanitary District Volunteer Litter Pickup Program (Program) as a volunteer without financial or material compensation of any kind. In consideration of being allowed to participate, the Undersigned hereby agree as follows:

1. I, personally and on behalf of my heirs, personal representatives, executors and assigns, (or on behalf of the minor and the minor’s heirs, personal representatives, executors and assigns, if Volunteer is a minor under 18 years of age) hereby release, waive, discharge, and covenant not to sue the Oro Loma Sanitary District, including its respective boards of directors, departments, subdivisions, officials, employees, representatives, officers, agents, contractors, volunteers, and successors and assigns, (hereinafter collectively referred to as “Released Parties”), from and for all any and all claims, demands, actions, causes of action, judgements, costs, expenses, attorneys’ fees or other damage or liability, on account of, or in any way related to, or arising out of my participation (or the minor’s participation if Volunteer is a minor under 18 years of age), in the Program.

Please Initial _____

2. I, personally (or on behalf of the minor if Volunteer is a minor under 18 years of age) agree to defend, indemnify and hold harmless, at my sole cost and expense, the Released Parties from and against and all claims, demands, liens, liabilities,

judgements, losses, and damages including, but not limited to, costs, expenses and attorneys' fees, for damage to property or bodily or personal injuries, including death resulting therefrom, sustained by any person or persons, which damage or injuries are alleged or claimed to have arisen out of or in connection with, in whole or in part directly or indirectly, my participation (or in the minor's participation if Volunteer is a minor under 18 years of age), in the Program.

Please Initial _____

3. I (or on behalf of the minor if Volunteer is a minor under 18 years of age) understand that participation in the Program involves certain risks, including but not limited to serious injury and death. For participation in the Program, I (or on behalf of the minor if Volunteer is a minor under 18 years of age) agree to accept all risks associated with participation and agree that Oro Loma Sanitary District would not be responsible for any injury, property damage, or other risks arising out of or in connection with the Program whatsoever.

Please Initial _____

4. I (or on behalf of the minor if Volunteer is a minor under 18 years of age) understand that Oro Loma Sanitary District has not arranged or carries any personal or vehicular insurance of any kind for my benefit (or the benefit of the minor and minor's parents if Volunteer is a minor under 18 years of age). I also understand and agree that in the event that I or the minor becomes injured while participating in the Program, neither I nor the minor will be covered under any Workers' Compensation from the District.

Please Initial _____

5. I, personally (or on behalf of the minor if Volunteer is a minor under 18 years of age) agree to assume liability for any non-participants who accompany me (or the minor if Volunteer is a minor under 18 years of age) during the Program.

Please Initial _____

6. I, personally (or on behalf of the minor if Volunteer is a minor under 18 years of age) hereby give Oro Loma Sanitary District, its employees, representatives, officers, agents, volunteers and successors and assigns, permission to take and use interviews, photographs, or video recordings of myself and/or the minor for promotional and educational purposes. This publicity may include publication of the photographs in publications, posters, brochures and newsletters, on the District's website, radio station, or television channel, or other forms of publicity. I understand there is no monetary compensation for the use of these photographs, interviews or video recordings.

Please Initial _____

This document is intended to be as broad and inclusive as permitted by the laws of California. If any portion of this Waiver/Release of Liability is invalid, the remainder will continue in full legal force and effect.

I have read, fully understand, and voluntarily sign this Waiver/Release of Liability and agree to be bounded by its terms.

SIGNATURE OF PARTICIPANT:

_____ DATE: _____

SIGNATURE OF PARENT/ GUARDIAN IF VOLUNTEER IS A MINOR:

_____ DATE: _____