

Volunteer Waiver, Release and Indemnity Agreement

Rose Drive Friends Church and the City of Placentia
OC United Together Ministries and Love Our Cities, Inc.

Activity: Love Placentia

Date: April 28, 2018

Name: _____

Phone Number: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY FOR PARTICIPATION IN LOVE PLACENTIA.

In consideration of being permitted to participate in Love Placentia, I hereby agree to the following: I understand the nature of the activities I will be participating in as a volunteer with Love Placentia and believe that I am in good health, and in proper physical condition to participate in such activities. I understand that Love Placentia activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, that serious accidents may occur during the above described activity; and that as a participant in the above described activity I may sustain bodily injury, personal injury and/or property damage as a consequence thereof. I agree to obey instructions given by the person(s) having supervision and control over my position. I give permission to the physician selected by Releasees' personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care upon the advice of or rendered by a physician, surgeon, or dentist. I am authorized to consent to services to be rendered, and no other consent is required by law. I agree if I am injured as result of volunteering with Love Placentia, recourse for payment of hospital, medical, dental, or related costs and expenses will be paid by me or my spouse, accident, hospital or medical insurance, or any benefit plan of mine or my spouse.

These activities involve risks and danger of bodily injury and that these risks and dangers may be caused by my actions or inactions, the actions or inactions of other participants in the activities, the conditions under which the activities take place, or the negligence of others, including the RELEASEES named herein, and that I fully accept and assume all such risks and dangers, and all responsibilities for losses, costs and damages incurred as a result of my participation in these activities. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE CITY OF PLACENTIA, ITS EMPLOYEES, AGENTS, VOLUNTEERS, INDEPENDENT CONTRACTORS, OFFICERS, ASSIGNS AND SUCCESSORS AND ROSE DRIVE FRIENDS CHURCH, OC UNITED TOGETHER MINISTRIES, LOVE OUR CITIES, INC, AND EACH OF THEIR RESPECTIVE OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS (RELEASEES) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES, SUSTAINED BY ME, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, OR ANYONE ON THE MY BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS' FEES, LOSS, LIABILITY OR DAMAGE, OR ANY OTHER COST THAT MAY OCCUR AS THE RESULT OF SUCH A CLAIM. *Finally, I further agree that photographs or video which depicts my participation in the program may be used for program publicity, including on the internet and for other uses consistent with the law without any further written agreement or authorization, and without compensation therefor.*

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT .

Signature (If minor, parent or legal guardian)

Date