

VOLUNTEER VENTURA! LIABILITY WAIVER



By signing this volunteer waiver, I agree to the following:

1. I release, waive, discharge, and covenant on behalf of myself and my minor children not to sue the City of San Buenaventura ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releasees") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by Releasees' negligence or otherwise, while I, and my minor children, participate in the City of Ventura Volunteer! Program.
2. I further agree to defend, indemnify, and hold harmless the City and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I grant permission for the City to use my, or my minor children's image, filmed or photographed during volunteer activities, to promote its services and programs.
5. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.

I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Please bring completed and signed waivers to the volunteer event.

-
- Check to receive Volunteer Ventura! eNewsletter with information about upcoming projects (email required below)
 - Individual Waiver
 - Family Waiver (Family members may complete one waiver. All adults 18 and over must sign waiver.)

___ Total # of volunteers participating

Adult Name (Print) _____ Adult Signature _____ Date _____

Adult Name (Print) _____ Adult Signature _____ Date _____

Street Address _____ City _____ Zip _____

Phone _____ *Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

- Please track my/our community service hours for school, court, etc.

Time In: _____ am pm Time Out: _____ am pm Hours: _____

Please complete if signing on behalf of a minor (under 18 years old):

Child's Name (Print) _____ Age ____ Child's Name (Print) _____ Age ____

Child's Name (Print) _____ Age ____ Child's Name (Print) _____ Age ____