

Participant/Volunteer's Name: \_\_\_\_\_  
First Last  
 Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Phone (day): (\_\_\_\_) \_\_\_\_\_ Phone (evening): (\_\_\_\_) \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medical/Health Insurance: \_\_\_\_\_  
 Doctor's Name/Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

First and Last Names	Relationship to participant	Phone (day)	Phone (evening)	Phone (Pager/Cellular)
		( )	( )	( )
		( )	( )	( )

**WAIVER, RELEASE AND INDEMNIFICATION**

I agree to be a participant/volunteer for the City of Cudahy ("City") in connection with the City's (the "Event"), which shall take place within the City of Cudahy on. *Initial* \_\_\_\_\_

**I UNDERSTAND AND ACKNOWLEDGE THAT PARTICIPATING/VOLUNTEERING FOR CITY ACTIVITIES IS A POTENTIALLY HAZARDOUS ACTIVITY THAT INVOLVES RISK OF INJURY OR DEATH, INCLUDING ECONOMIC LOSS**, which might result not only from my own actions, inactions, or negligence, but also from the actions, inaction, or negligence of others, or the condition of the facilities or equipment. **I ASSUME ANY AND ALL RISKS** associated with my participation of these participant/volunteer activities. Specific risks range from one activity to another, and might include: a) minor injuries such as scratches, bruises, and sprains; b) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and c) catastrophic injuries including paralysis and death. Additional potential risks and injuries may include: falls, lifting or carrying of objects; the effects of weather, including extreme heat or cold; traveling in a City operated vehicle and/or the negligent and/or reckless operation of motor vehicles along the City's roadways and/or public right-of-ways. **ALL SUCH RISKS ARE KNOWN AND AKNOWLEDGED BY ME.** *Initial* \_\_\_\_\_

I agree that if I observe any facilities and equipment to be used and believe them to be unsafe, I will immediately advise the supervisory person at the facility. *Initial* \_\_\_\_\_

I recognize that certain medical conditions and/or physical conditions known to me may pose a likely and/or foreseeable risk of injury, death or other harm should I participate in any of the activities contemplated herein. By execution of this waiver, release and indemnification, I assume full responsibility for any and all risks posed by any medical condition or physical condition suffered by me whether known or unknown to me. *Initial* \_\_\_\_\_

For myself, heirs, personal assigns, and anyone entitled to act on my behalf, do hereby forever waive, release, discharge, and covenant not to sue the City, its elected or appointed officials, officers, agents, employees, and other volunteers, and the owner of any private property where events or activities are held, from any and all liability, claims, damages, expenses, and judgments, including attorney's fees, arising from participating/volunteering with the City. This release, waiver, and indemnification extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further agree that the City may take photographs of me participating/volunteering at various events and activities and use such pictures at its discretion for public display or advertising purposes without any compensation to me. *Initial* \_\_\_\_\_

In the event of sudden illness, accident or injury, which may occur while said minor is participating in the Event, and neither the parents, guardian or designated family physician can be contacted, I hereby authorize any member of the City to give my consent to any physician licensed in the State of California to perform such emergency medical treatment as may be necessary under said circumstances. I authorize any member of the City to give consent on my behalf of the minor for such emergency treatment as may be necessary. *Initial* \_\_\_\_\_

For myself, my heirs, personal assigns, and anyone entitled to act on my behalf, assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, or death and damages to my property, real or personal, caused by or arising from participating/volunteering with the City. *Initial* \_\_\_\_\_

For myself, my heirs, personal assigns, and anyone entitled to act on my behalf, agree to forever indemnify and hold the City and its officials, employees and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of myself volunteering with the City and to reimburse them for any such expenses incurred. I recognize that this waiver and release, assumption of risk 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 thereof is held invalid, agree that the balance shall continue in full legal force and effect and if signing on behalf of an organization, I have the capacity and am duly authorized to enter into this agreement on the organization's behalf. *Initial* \_\_\_\_\_

I, the undersigned, consent to have myself/my child photographed, interviewed, and/or videotaped by representatives of the City and its affiliated entities. With respect to all photos, videotaping and audio records, and any reproductions of same in any medium, including the City's websites, I hereby irrevocably consent to and authorize their use by the City and its affiliated entities for reproduction, distribution, and exhibition for any purpose and in any medium whatsoever including (but not limited to) publication and exhibition for educational purposes, without any compensation or notice to me. *Initial* \_\_\_\_\_

I understand and agree that such materials, including all negatives, positives, and prints, shall become and remain the sole property of the City and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and/or used by the City for potential future use and further agree to release the City and its affiliated entities from any and all liability arising from or in connection with taking, use, publication, or dissemination of such materials. *Initial* \_\_\_\_\_.

**THIS DOCUMENT RELIEVES THE CITY AND OTHERS FROM LIABILITY FROM PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE, AND I SIGN VOLUNTARILY.**

**I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING and certify my agreement by my signature below.**

\_\_\_\_\_  
Participant/Volunteer Name

\_\_\_\_\_  
Participant/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date