

RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE
VOLUNTEER PROGRAM AND USE OF COUNTY/CITY RIGHT-OF-WAY

I fully understand that my participation (volunteering) in the Lafayette CA Native Planting Event ("Event"), on 1/12/2020, exposes me to the risk of personal injury, death or property damage.

I hereby acknowledge that I am voluntarily participating in the Event and agree to assume any risks.

I hereby release, discharge and agree not to sue the following entities: Contra Costa Resource Conservation District (CCRCD), The Restoration Trust (RT), Walnut Creek Watershed Council (WCWC), City of Lafayette, and Contra Costa County (County), (collectively known as the "Entities") their employees, officials, volunteers and agents for any injury, death or damage to or loss of personal property arising out of or in connection with my participation in the Event from whatever cause, including the active or passive negligence of the Entities, their employees, officials, volunteers, and agents or any other participants in the Event.

In consideration for being permitted to participate in the Event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the Entities, their employees, officials, volunteers, and agents from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Event.

I hereby consent to the unrestricted use of any and all photos that may be taken of my participation in this Event.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

I UNDERSTAND AND AGREE THAT I MAY NOT VOLUNTEER OR PARTICIPATE IN ACTIVITIES RELATED TO THE EVENT AFTER THE EVENT DATE, AS NOTED ABOVE, WITHOUT FIRST EXECUTING ANOTHER RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE THESE ENTITIES.

Name _____
(Print volunteer's name)

Signature _____ Date _____
(Volunteer's signature here, if 18 years or older)

Address/Telephone Number _____
(of volunteer)

PARENTAL CONSENT SIGNATURE (required when participant is less than 18 years):

As parent/guardian of this minor, I grant permission for him/her to participate in the volunteer program (Event). My child does not have any physical or medical problems which would prohibit or limit participation in the volunteer program (Event).

We have reviewed this agreement and the safety guidelines and agree to be bound by its terms.

Parent/Legal Guardian **Signature:** _____ Date: _____

Parent/Legal Guardian **Printed Name:** _____

Address/Telephone Number: _____
(of parent/legal guardian, if different from volunteer's phone number)