

PROGRAM: _____

Last, First Name

Soledad-Mission Recreation District
AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (including its officers, employees, other volunteers and agents) from any and all liability arising out of or connected in any way with my participation as a volunteer, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the district (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age.)

I hereby consent that my son / daughter, _____, participate in the above-referenced activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT, AND I SIGN IT OF MY OWN FREE WILL.

I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED AND THAT NO REFUND WILL BE GIVEN UNLESS ACTIVITY IS CHANGED OR CANCELLED.

I AGREE TO ALLOW SOLEDAD-MISSION-RECREATION-DISTRICT TO USE MY NAME, PHOTOGRAPH, OR INTERVIEW STATEMENTS FOR PUBLICATION, PROMOTION, OR EDUCATIONAL PURPOSE. I UNDERSTAND THAT THE RECREATION DISTRICT WILL USE SAID MATERIALS SOLELY AS A TOOL TO PROMOTE ITS SERVICES TOWARD ITS EMPLOYEES AND THE GENERAL PUBLIC.

Signature _____ Name Printed _____ Date Signed: _____

Soledad-Mission Recreation District
P.O. Box 1650, Soledad, CA 93960
831.678.3745

