



**RELEASE AND WAIVER OF LIABILITY FOR VOLUNTEERING AT  
THE CITY OF HUGHSON MAY 4, 2024, HUGHSON HAS HEART EVENT**

I recognize that the volunteering at the HUGHSON HAS HEART Event, for which I am volunteering to assist with yard cleaning, and/or removal of debris, can present certain risks including but not limited to bodily injury, death, illness (including COVID-19), loss or damage to personal property, and other safety-related dangers. I understand these risks, recognize that these dangers cannot be eliminated, and acknowledge other dangers not mentioned may also exist. I understand the physical requirements of participation of any of these activities and affirm I meet the requirements and that my physical and mental health is good and that I am not under a doctor's care for any condition that might endanger other participants or me.

\_\_\_\_\_ Initials

I certify that I am voluntarily participating in the activities sponsored by the City of Hughson and assume all risks, consequences, and potential liability for this participation. I hereby release and discharge the City of Hughson, its employees' staff, board of directors, members, instructors, volunteers, agents, representatives, and any department, organization or group affiliated there with (collectively "Released Parties") from all liability, claims, causes of action, debts, and demands that may arise as a result of my participation in these activities. This document shall also serve as a release and assumption of the risk for my heirs, personal representatives, executors, administrators, and members of my family. \_\_\_\_\_ Initials

By signing this Agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of my volunteer work at the Event on May 4, 2024. I further agree that I, my spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of the City of Hughson for any loss or damage resulting from my participation at the Event. I am aware of the potential dangers and that this is a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage and I sign it on my own free will. I expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_ Initials

I consent that any photograph, video, or audio recordings in which I appear in, taken during my time at the Event may be used without notice or compensation to me for purposes of publicity or advertising by the City of Hughson. \_\_\_\_\_ Initials

The City of Hughson reserves the right to terminate Volunteer's services or the activity itself at any time with or without cause or notice. Volunteer agrees that although Volunteer is not an employee of the City, Volunteer will act in accordance with all applicable City policies while engaged in the activity. \_\_\_\_\_ Initials

Further, if there is anything in this document that you do not understand or if you object to any provisions contained in this document, you should not sign this document as it is drafted, but rather seek advice from your legal counsel. \_\_\_\_\_ Initials

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO ME. (Parent or guardian must sign for participants under 18 years of age)

PARTICIPANT NAME(S): \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

As a parent or guardian of the participant indicated above, I acknowledge reading this form and agree to all the provisions set forth above. In addition to the above release and assumption of risk, I also give my permission for guides, instructors, staff, and emergency personnel to make necessary first aid decisions in the event of an accident, injury, or illness to the above-named participant. I hereby consent to receive from any licensed hospital, physician, or medical personnel any medical treatment deemed necessary if I am injured or require medical attention during my participation at the HUGHSON HAS HEART Event. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation and I release all parties from any type of liability for anything that may happen during my treatment.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN SIGNED FORM DIRECTLY TO THE CITY OF HUGHSON**

Volunteer #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Staff: \_\_\_\_\_