



Playground of Dreams Workday Saturday, September 16, 2023

WAIVER OF LIABILITY and PERMISSION FOR PUBLICITY

Thank you for agreeing to participate in the Playground of Dreams Workday. Please review the policies and procedures herein prior to completing the form listed below.

- 1. Safety Rules.** For my safety and that of others, I will comply with City of Benicia's (hereinafter "City") safety and other directions for activities in which I may engage as a Volunteer. I will supervise any participating child or other person for whom I am legally responsible. If I become aware of any danger or hazardous condition at City program sites, I will alert the City as the case may be.
- 2. Not an Employee.** I am not assisting as an employee of the City. I understand that I will not be paid for my participation, and that I am not covered by or eligible for any insurance, health care, worker's compensation, or other benefits. I may choose not to participate in any City activity or to stop participation as a Volunteer at anytime.
- 3. Awareness and Assumption of Risk.** I understand that my participation as a Volunteer has the inherent risk of death or injury to me and damage to my property. These risks may result not only from my own actions or inactions, including overexertion, but also from the actions or inactions of the City, City's elected or appointed officers, employees and agents other volunteers, or others present while I am acting as a Volunteer. These risks may also arise from the condition of the land, or animals or insects present at the site, or the equipment and tools available, or the weather or other environmental or local conditions, or travel to and from the program sites. I assume full responsibility for any and all risks of death, bodily injury or property damage, including, without limitation, those identified in this Section 4, caused by or arising directly or indirectly from my participation as a Volunteer, regardless of the cause, even if that risk or harm is caused by other persons' negligence, whether passive or active.
- 4.** In order to participate you will need to complete the form and return it to Theron Jones. Complete ONE form for EACH person volunteering. Minors must have their parent's or **guardian's** signature. Minors under the age of 14 must be accompanied by an adult.

Participant's Name: _____
(Please Print)

I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold harmless, and release, waive and discharge the City of Benicia, their elected or appointed officers, officials, employees, agents and volunteers from and against any and all liability for any injury or property damaged which may be suffered by the above named participant(s) arising out of, or in any way connected with participation in the Saturday September 16, 2023 Playground of Dreams Workday including injuries due to the active or passive negligence of the Benicia Tree Foundation, the City, their officials, employees, agents and volunteers, except to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

I agree not to sue any of the Released Parties on the basis of these waived and released claims. I understand that my releases and waivers in this document extend to claims that I do not know of or do not expect to exist at the time I sign this document, and I waive the protections of Section 1542 of the California Civil Code. I understand that the City would not permit me to volunteer without agreeing to these waivers and releases.

5. Medical Care Consent and Waiver. I authorize the City to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon the City to provide such assistance, transportation, or services. I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my participation as a Volunteer.

6. Publicity Authorization. I grant full permission for the City of Benicia to use my name, likeness, voice, photographs or other media, including the Internet of any quotations from me in accounts, reports or promotions related to any City of Benicia publicity, event or program.

Signature of Participant: _____ Date _____

Print Name of Participant: _____

If participant is a minor:

I agree, on behalf of my minor, to the above terms and conditions.

Signature of Parent or Guardian: _____ Date _____

Print Name of Parent or Guardian: _____