



- Application for:**
- 1-Day Project
 - Up to 20 Hours (Community Service)
 - Non-Supervisory

Medical Consent and Liability, Indemnity and Participation Agreement

Parks Projects, various locations
Volunteer Activity/Project

Monday-Friday, 8am-3pm
Date

Participant Name (print)

Check one: Under 18 years old
 18 years old or older

In consideration of my own and/or the above named individual(s) participation in the programs listed above, I voluntarily release the City of Brentwood, Brentwood Union School District, Liberty Union High School District, (collectively "City and Districts"), their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my and/or the individual(s) named above participation in the program. Additionally, as myself and/or as parent and/or guardian of the individual(s) named above, I do forever release and hold harmless and indemnify the City and Districts, their officers, agents, employees and volunteers from all claims or rights of action for damages which myself and/or the above named individual(s) has or may hereafter have, resulting in any way connected with myself and/or the individual(s) named above participating in this program, either before or after the individual named above reaches their age of majority. I understand that this waiver and release is applicable even though the negligent activities of the City and Districts, their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage.

In consideration of my own and/or the above named individual(s) participation in the programs listed above do hereby agree to allow the individual(s) named above to participate in the aforementioned activity and authorize the program directors and/or instructors as agents for the above signed to consent to medical, surgical and dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is further understood that this Agreement is binding on my heirs and assigns, as well as those of the individual(s) named above. I agree that pictures taken during program hours may be used for all future promotional purposes and hereby grant permission to the City to use my own or the above named individuals picture in the City's publications and the City's internet webpage. I further agree on behalf of myself and the above named individual to release and discharge the City, its officers, employees, agents, and volunteers from any and all claims or causes of action arising out of the photograph, name, image or likeness. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I agree to return upon request equipment issued to the above participants in as good condition as when received except for normal wear and tear. The City and Districts will not provide health and/or accident insurance for program participants.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature: _____ Date: _____
(Parent/Legal Guardian must complete if participant is younger than 18 years)

Print Name: _____
(Parent/Legal Guardian must complete if participant is younger than 18 years)

Check all that apply: Participant Parent Legal Guardian