



**VOLUNTEER’S AGREEMENT TO RELEASE ALL LIABILITY**

Date: \_\_\_\_\_ Name of Project: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Group: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, CA ZIP CODE \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE**

I understand that I am in no way required to participate and that my participation is voluntary in this volunteer project. I understand that I must sign this release of liability if I would like to participate in a volunteer project. I understand that the City Eastvale is permitted by law to require me to sign this release of liability before permitting me to participate in this volunteer project. I understand that I am agreeing to forever release from liability and hold harmless the City of Eastvale and its employees, officers, managers, agents and council members and further agree to give up my right to sue them for any and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prohibit my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well. I understand that by participating in this activity, there are risks of physical injury to my person or property, as well as risks due to others involved with the volunteer project. By voluntarily participating in the volunteer project I understand the risks of injury to my person and property and am assuming all such risks. By signing below, I acknowledge and declare that I have read and fully understand the legal consequences of this release.

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

**PHOTO RELEASE**

I hereby give my permission to the City of Eastvale to photograph me/ to photograph my child/children. I, \_\_\_\_\_ hereby grant the City of Eastvale an irrevocable right and permission, in connection with the photographs/videos taken of me and my child, or in which I or my child may be included with others for use in any manner consistent with the law. I also grant the City of Eastvale all legal rights associated with the use of reuse of said photographs, in whole or in part, either by themselves or in conjunction with other photographs in any medium and for any purposes whatsoever, including all promotional and advertising uses as well as, using my name in connection therewith if it is so desired, without compensation. I understand that all photographs taken by the City of Eastvale, or their employees, agents or assigns, become the sole property of the City of Eastvale. I hereby release and discharge the City of Eastvale, its assigns, licensees and legal representatives from any and all claims, actions and demands arising out of, or in connection with, the use of said Photographs including without limitations, any and all claims for invasion of privacy and libel. I have read the above authorization, release and agreement prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns. I understand that the Photographs may be published in City of Eastvale print publications and /or used in promotional displays. The photographs may be used on websites but no child’s name will be published on the internet. I understand that I will not be compensated for the use of the Photographs and also hereby voluntarily waive, release and relinquish any right to be compensated for the use of the Photograph. Please be advised that all participants involved in any programs and/or events are subject to being photographed.

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

Parent/Guardian: I declare under penalty of perjury that I am the parent/guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms [if participant is a minor].

Print Name of Parent/Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

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