## WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK (READ CAREFULLY)

Storm Drain	Stenciling Day March 30, 2019
I,, HAVE READ AND AG	REE TO EACH OF THE FOLLOWING TERMS:
AGENTS (HEREINAFTER REFERRED TO COLLECTI LIABILITY OR RESPONSIBILITY WHATSOEVER FO HOWEVER CAUSED. I agree to release and waive any pe Parks and Recreation, and any of the other Released Parties my participation in the Storm Drain Stenciling Day (the "E in any way for any injury, death or other damages that m liability or the negligence of any of the Released Parties, where	"ILACSD") AND ANY OF THEIR SPONSORS, EMPLOYEES, OFFICERS OR VELY WITH ILACSD AS "RELEASED PARTIES") FROM ANY AND ALL OR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, otential claim against ILACSD, City of San Diego Think Blue, City of San Diego for any injury, death or other damages of any kind that I may suffer as a result of vent"). I understand that the Released Parties may not be held liable or responsible any occur as a result of my participation in this activity, or as a result of product bether passive or active. I further agree to save and hold harmless ILACSD and the ag one for personal injury, property damage or wrongful death, arising out of or
or diseases such as Hepatitis, Tetanus, or others, or loss of other hazardous materials found at the cleanup, or from over plants, reptiles or other animals. Understanding all such ri	g in the activity including, but not limited to, the risks of possible injury, infection life as a result of contact with needles, condoms, metal objects, burning embers or r-exertion, environmental conditions or hazards including dangerous or poisonous sks or hazards, by participating in this activity, I agree that I voluntarily assume eased Parties from any responsibility or liability whatsoever, whether such risks or
ability. I agree I will be familiar with the safe operation and undertake to use any equipment or tools with which I am a received appropriate instruction regarding this Event, incl	cal capability, and I promise I will not undertake any tasks that are beyond my use of all equipment and tools that I may utilize during the activity, and I will not infamiliar or that I do not know how to operate safely. I acknowledge that I have uding appropriate safety and emergency procedures, and that I fully understand s, tools and equipment provided by the Event organizers. I know of no physical ities associated with this Event.
acknowledge that I am not acting as an employee, agent, or	ndependent volunteer, without anticipation of payment of any kind. I specifically fficial, officer or representative of ILACSD or any of the other Released Parties, pensation, benefits or insurance coverage, nor will I make any such claim.
San Diego County, California. I further declare that I am or have acquired the written consent of my parent or guardian	or the other Released Parties will be resolved pursuant to California law, within ver the age of eighteen and legally competent to sign this liability release, or that I I understand that the terms herein are contractual and not a mere recital, that this ocument of my own free act. I agree to allow my image to be used in published the Released Parties.
I HAVE FULLY INFORMED MYSELF OF THE CONREADING IT BEFORE I SIGNED IT ON BEHALF OF M	TENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY YSELF AND MY HEIRS.
Spelling of Participant's Name:	Phone
	Address:
Signature of Participant Date	
Email Address (to receive volunteer email opportunity upda	tes)
IF PARTICIPANT IS UNDER 18, THE PARENT(S) (OR	GUARDIAN(S), IF ANY) MUST SIGN. e Event. I have read and agree to the provisions stated above. I know of no
Signature of Parent(s) or Legal Guardian(s)  Date	Phone

Address

Email Address (to receive volunteer email opportunity updates)

This signature page is a continuation of the "I LOVE A CLEAN SAN DIEGO CLEANUP" form (hereinafter "Waiver Form"). By our signatures below, we, the undersigned, hereby acknowledge that we received the Waiver Form in conjunction with this page and have reviewed the Waiver Form, and we hereby agree to the terms thereof.

Name	Phone Number	Email to receive volunteer opportunity updates				
Signature	Street Address					
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email	to receive vo	lunteer opportunity updates		
Signature	Street Address	I				
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email to receive		volunteer opportunity updates		
Signature	Street Address					
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email to receive volunteer opportunity updates				
Signature	Street Address					
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email	to receive vo	lunteer opportunity updates		
Signature	Street Address					
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email to receive volunteer opportunity updates				
Signature	Street Address					
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email to receive volunteer opportunity updates				
Signature	Street Address					
Parent or Legal Guardian Signature	City		State	Zip		
Name	Phone Number	Email	to receive vo	lunteer opportunity updates		
Signature	Street Address					
Parent or Legal Guardian Signature	City	City		Zip		
Name	Phone Number	Email to receive volunteer opportunity updates		lunteer opportunity updates		
Signature	Street Address	Street Address				
Parent or Legal Guardian Signature	City			Zip		