

VOLUNTEER RELEASE

**City of Pacifica
Public Works Department
151 Milagra Drive
Pacifica, CA, 94044
Phone: (650) 738-3767
Fax: (650) 738-3003**

Liability Release and Permission for Emergency Medical Treatment

I understand that my participation in the City of Pacifica Program _____ (insert name), hereinafter referred to as “Program,” is on a voluntary basis, without pay or benefits, and thus, without anticipation of any financial remuneration. I hereby represent that I am able to perform volunteer services in a competent and satisfactory manner. I fully understand that I shall receive no compensation of any kind from the City of Pacifica (“City”) for the volunteer services performed, and that my volunteering does not create an employment relationship with the City.

I further understand and agree that my participation may expose me to the risk of property damage, personal injury and/or death. I hereby assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others, or damage to property, that may result while volunteering. I understand that the City is not responsible for conditions that I create either myself or those created by other volunteers or participants.

I further understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and is believed to spread mainly from person-to-person contact. In addition, I understand that, while the City may have put in place preventative measures to reduce the spread of COVID-19, the City cannot guarantee that I will not be exposed to and become infected with COVID-19 as a result of participating in the Program. I also understand that participation in the Program could increase my risk of contracting COVID-19.

I hereby waive, release, and discharge any and all claims for illness (including COVID-19 related illness), death, personal injury and property damage against the City of Pacifica, its officers, agents, and employees, which I may have or which may accrue as a result of my participation in the Program. I understand and agree that this waiver and release includes claims or damages caused in whole or in part by the negligent acts or omissions of the City, its officers, agents and employees.

I give my permission for the City to seek emergency medical treatment on my behalf and designate an emergency contact below.

Volunteer Name: _____.

Volunteer Activity: _____.

Home Phone No. : _____.

Address: _____.

EMERGENCY CONTACT

Name and relation: _____.

Phone Number: _____.

Signature: _____.

Date: _____.

Each participant must complete this form.

Parental Permission Form and Release of Liability

In permitting my child(ren) or ward(s) to participate in the Program _____ (insert name), hereinafter referred to as "Program," operated by the City of Pacifica ("City"), I understand that the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and is believed to spread mainly from person-to-person contact. In addition, I understand that, while the City may have put in place preventative measures to reduce the spread of COVID-19, the City cannot guarantee that I or my child will not be exposed to and become infected with COVID-19 as a result of participating in the Program. I also understand that participation in the Program could increase my and my child's risk of contracting COVID-19.

I further understand and agree that my child(ren)'s participation may expose my child(ren) to the risk of property damage, personal injury and/or death. I voluntarily agree to assume all the forgoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death, illness (including COVID-19 related illness), damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in City programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

I give my permission for the City to seek emergency medical treatment on my child(ren)'s behalf and designate an emergency contact below.

Child(ren)'s Name(s): _____.

Volunteer Activity: _____.

Parent's Phone No. : _____.

Address: _____.

EMERGENCY CONTACT

Name and relation: _____.

Phone Number: _____.

Signature: _____.

Date: _____.