



City of Santa Ana

RELEASE OF LIABILITY & ASSUMPTION OF RISK WAIVER

Human Resources Department

20 Civic Center Plaza M-24

P.O. Box 1988

Santa Ana, CA 92702

Phone: 714-647-5340 Fax: 714-647-6930

Activity or Event: _____

Activity/Event Date(s) and Time(s): _____

Activity/Event Location(s): _____

This agreement contains a release of liability and an assumption of risk and it waives important legal rights, please read it carefully!

In consideration for being allowed to participate in the above Activity/Event, on behalf of myself and my next of kin, heirs and representatives, **I release from any and all liability and promise not to sue**, the City of Santa Ana, its elected officials, its public officials, employees, volunteers, consultants and agents (collectively "City"). This release includes claims of the **City's negligence**, resulting in any physical or psychological injury, pain, suffering, illness, damages, economic or non-economic loss that I may suffer because of my participation in this Activity/Event, including travel to and from this Activity/Event.

I acknowledge that I am voluntarily participating in this Activity. I am aware of the risks associated with participating in this Activity/Event and traveling to and from this Activity/Event. The risks may include the personal injury, death, disfigurement, pain, suffering, loss of earnings, psychological injury, and other potential economic and non-economic damages. I understand that these injuries could occur as the result of my own or someone else's actions, failure to act, or negligence; conditions of travel, geographic conditions, or Activity/Event specific risks and conditions. **Nevertheless, I assume all related risks of my participation in this Event/Activity, both known and unknown, including traveling to and from this Activity/Event.**

I agree to **hold harmless** the City from all claims, including attorney's fees and costs; damage to my own personal property; and any other injuries or damages that may occur as a result of my participation in this Activity/Event. If the City incurs any of these types of expenses, I agree to reimburse the City. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of this treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the consequences of signing this Release of Liability and Assumption of Risk document, including a release of City from any and all claims for personal injury and damages; assuming all of the risks associated with participating in this Activity/Event including travel to and from the Activity/Event; and promising not to sue the City.**

I understand that there is the possibility that I may be interviewed, photographed and/or videotaped during this particular activity, and I hereby allow the City staff to use the photographs, interviews, and/or video materials for City publicity purposes.

I have read this agreement and understand its contents. I understand that by signing this document, I am releasing the City of Santa Ana, its elected officials, public officials, employees, consultants, volunteers, and agents from any and all liability of any kind associated with my participation in this Activity/Event.

PARTICIPANT SIGNATURE: _____ DATE: _____

PARTICIPANT PRINT NAME: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this Release of Liability and Assumption of Risk document, including a release of City from any and all claims for personal injury and damages; assuming all of the risks associated with participating in this Activity/Event including travel to and from the Activity/Event; and promising not to sue the City. I allow Participant to participate in this Activity/Event. I understand that I am responsible for Participant's actions and agree to be bound by the terms of this document.

I have read this document and am signing this freely and without reservation. No other representation except those contained herein have been made to me.

SIGNATURE OF MINOR PARTICIPANT'S PARENT OR GUARDIAN: _____

NAME OF MINOR PARTICIPANT'S PARENT OR GUARDIAN: _____

MINOR PARTICIPANT'S NAME: _____ **DATE:** _____

Primary Email Address: _____