



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

Medical Consent and Liability, Indemnity and Participation Agreement

Annual Tree Lighting Ceremony
Volunteer Activity/Project

Brentwood City Park
Location

In consideration of my own and/or the below named individual(s) participation in the programs listed above, I voluntarily release the City of Brentwood, Brentwood Union School District and 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 below participation in the program. Additionally, as myself and/or as parent and/or guardian of the individual(s) named below, 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 below 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 below named individual(s) participation in the programs listed above do hereby agree to allow the individual(s) named below to participate in the aforementioned activity and authorize the program directors and/or instructors as agents for the below 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 below. I understand that no medical insurance is provided by the City and Districts. It is understood that by signing this agreement, I hereby release and discharge the City and Districts from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures taken during program hours may be used for all future promotional purposes. In the absence of a signature below, 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.

Participant Name (print): _____

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

Check one: Self Parent Legal Guardian

Date: _____

Complete this section if you are volunteering to receive Community Service Credit:

Name of school/agency _____

Teacher/agency contact _____ School/agency phone _____

of Hours Required _____ When are your hours due? _____