



## Counselor-In-Training (C.I.T.) Minor Volunteer Waiver and Release Agreement

Date: January 31, 2017

As a parent/guardian of a minor volunteer, with a completion of 7th grade or older, performing activities for the City of Martinez, I recognize and acknowledge that there are certain risks of serious injury. I understand that the Martinez Parks, Aquatic Facility and surrounding areas have uneven ground, street obstacles and sharp items, i.e. glass, metal or natural materials. I understand that by participating in this volunteer activity that my minor volunteer can expose themselves to injury (wet surfaces, hot liquid, cold weather, etc.)

This Waiver and Release Agreement is intended to discharge in advance the City of Martinez (its officers, employees, and agents) for any and all liability arising out of or connected in any way with my minor volunteer's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entity mentioned above. It is further agreed that this Waivers and Release is to be binding on my heirs and assigns. I agree to assume the full risk of any injuries, damage or loss which my minor volunteer may sustain as a result of participating in any and all activities connected with or associated with these volunteer activities.

I agree to waive and relinquish all claims against the City of Martinez and its officers, agents and employees that may result from my minor volunteer's participation in volunteer activities.

I do hereby fully release and discharge the City of Martinez and its officers, agents and employees from any and all claims from injuries, damage or loss which I, or my minor volunteer, may have or which may accrue to myself or minor volunteer arising out of, connect with or in any way associated with volunteer activities.

In the event of an emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. If my minor volunteer is injured while participating in the event, I agree to report the injury immediately.

I have read and fully understand the above Waiver and Release Agreement and Permission to Secure Treatment.

I understand that my minor volunteer is required to use all equipment safely and follow safe work practices.

Minor Volunteer Name	Age	School
Signature (Parent/Guardian)	Please Print Name	
Address	City	Zip Code
Home Phone	Emergency Contact & Number	