

CITY OF MARTINEZ
Volunteer Waiver, Release and Indemnity Agreement
For Minor Volunteers

Parent/Guardian's Name: (Print) _____

As the parent/guardian of minor performing volunteer activities for the City of Martinez, I recognize and acknowledge that there are certain risks of serious physical injury. This Waiver, Release and Indemnity Agreement is intended to discharge in advance the City of Martinez (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my child/ward's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this Waiver, Release and Indemnity Agreement is to be binding on my heirs and assignees. I agree to assume the full risk of any injuries, damages or loss which my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with these volunteer activities.

Parent/Guardian additionally agrees to indemnify the City against any claims or rights of action for damages which the minor(s) has/have before or after they reach age of majority.

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

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

Parent/Guardian's Signature: _____ **Date:** _____

Additional Information: Does your child take any medications or have any allergies or other health problems that we should be aware of? If yes, explain _____

In case of medical emergency during volunteer activities whom should we contact?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Volunteer's Name (Print) _____ **Date of Birth:** _____

- I agree to all of the above conditions; and
- I agree to abide by all instructions set forth by the City of Martinez staff during my volunteer activities; and
- I understand that I am required to wear and/or use all the safety equipment and follow safe work practices as designated by the City or staff.

Volunteer's Signature: _____ **Date:** _____