



# Waiver & Emergency Contact Form

Please use this single form for **ALL FAMILY MEMBERS**.

## 2024 Community Food Drive

Date: \_\_\_\_\_

**Activity (circle one):** Neighborhood Drive    Food Collection (@ Heather Farm)    Grocery Store

Grocery Store location/shift: \_\_\_\_\_

I acknowledge that I and/or members of my family, which may include minors, have voluntarily agreed to participate in the Walnut Creek Community Service Day program. I am/we are aware that there are certain risks associated with participating in activity or program, including but not limited to risk of physical injury, personal property damage, physical exertion, outdoor exposure and taking various modes of transportation. In acknowledging these risks and in consideration for participating I and any other listed family members, including minors, intending to be legally bound, do hereby for myself, my family members, my heirs, executors and administrators waive and release any and all rights and claims for damages that I and/or my family members, including minors, may have against the City of Walnut Creek, its employees, officers, officials, representatives, independent contractors, or volunteers for any and all claims of personal injuries (including death), damages, or property damage that may occur as a result of my/our participation, even though the liability may arise out of the active or passive negligence on the part of the persons or entities mentioned above. Further, I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring from my/our participation.

I also understand that photographs or videos may be taken of me and/or my family members, including minors, during my/our participation and that these photographs may be used by the City of Walnut Creek for the purpose of promoting this event or activity. I hereby consent to use of any photographs or video taken of me and/or my family, including minors, during this activity.

**FAMILIES: Use this form for all family members.**

- Each adult must sign the form.
- The signature of a parent or guardian is required for minors.
- Total participants: \_\_\_\_\_ Adults: \_\_\_\_\_ Minors: \_\_\_\_\_

**Adult Participant(s) and/or Parent(s)/Guardian(s) of Participating Minor(s) (name and signature)**

Adult 1 Name (printed): \_\_\_\_\_ Relation to minor(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult 2 Name (printed): \_\_\_\_\_ Relation to minor(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Minor(s) (under 18 years old):**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact: Non-Participating Adult**

Name: \_\_\_\_\_ Best phone: \_\_\_\_\_