## RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE VOLUNTEER PROGRAM AND USE OF COUNTY/DISTRICT RIGHT OF WAY

I fully understand that my participation (volunteering) in the
(hereinafter
"Event"), on, exposes me to the risk of personal injury, death or property damage
I hereby acknowledge that I am voluntarily participating in the Event and agree to assume any risks.
I hereby release, discharge and agree not to sue Contra Costa County Flood Control and Water Conservation Distri (District), Contra Costa County (County), their employees, officials and agents for any injury, death or damage to or los of personal property arising out of or in connection with my participation in the Event from whatever cause, including the active or passive negligence of the District, the County, their employees, officials and agents or any other participants the Event.
In consideration for being permitted to participate in the Event, I hereby agree, for myself, my heirs, administrator executors and assigns, that I shall indemnify and hold harmless the District, the County, their employees, officials ar agents from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Even
I hereby consent to the unrestricted use of any and all photos that may be taken of my participation in this Event.
I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULL UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT O MY OWN FREE WILL.
I UNDERSTAND AND AGREE THAT I MAY NOT VOLUNTEER OR PARTICIPATE IN ACTIVITIES RELATED TO THE EVENT AFTER THE EVENT DATE, AS NOTED ABOVE, WITHOUT FIRST EXECUTING ANOTHER RELEASE, HOL HARMLESS AND AGREEMENT NOT TO SUE WITH THE COUNTY, THE DISTRICT AND THEIR EMPLOYEES OFFICIALS AND AGENTS.
Name(Print volunteer's name)
Cignotius
Signature Date Date
Address/Telephone Number
(of volunteer)
PARENTAL CONSENT SIGNATURE (required when participant is less than 18 years):
As parent/guardian of this minor, permission is hereby granted for him/her to participate in the volunteer program (Event My child does not have any physical or medical problems, which would prohibit or limit participation in the volunteer program (Event).
We have reviewed the release, hold harmless agreement and safety guidelines and give my consent for him/her participate in the volunteer program (Event).
Parent/Legal Guardian <i>Signature</i> : Date:
Parent/Legal Guardian <i>Printed Name</i> :
Address/Telephone Number:(of parent/legal guardian, if different from volunteer's)