

VOLUNTEER'S AGREEMENT TO RELEASE ALL LIABILITY

Last Name Initial Return

DATE: _____ **NAME OF PROJECT:** _____ **GROUP:** _____

VOLUNTEER NAME(s): _____ **AGE:** _____

ADDRESS: _____ **CITY** _____, **CA. ZIP CODE** _____

PHONE: _____ **EMAIL:** _____

BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE

I understand that I am in no way required to participate and that my participation is voluntary in this volunteer project. I understand that I must sign this release of liability if I would like to participate in a volunteer project. I understand that the **City of Riverside and Victoria Avenue Forever (VAF)** are permitted by law to require me to sign this release of liability before permitting me to participate in this volunteer project. I understand that I am agreeing to forever release from liability and hold harmless the **City of Riverside and Victoria Avenue Forever** and their employees, officers, managers, agents and council members and further agree to give up my right to sue them for any and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prevent my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well. I understand that by participating in this activity, there are risks of physical injury to my person or property, as well as risks due to the negligent conduct of the City and its employees, myself, or others, involved with the volunteer project. By voluntarily participating in the volunteer project I understand the risks of injury to my person and property and am assuming the risk of such. By signing below, I acknowledge and declare that I understand the legal consequences of this release.

SIGNATURE OF PARTICIPANT: _____ **Date:** _____

PHOTO RELEASE

I hereby give my permission to the City of Riverside and Victoria Avenue Forever to photograph me / to photograph my child/children. I _____, hereby grant the **City of Riverside, and Victoria Avenue Forever** an irrevocable right and permission, in connection with the photographs/videos taken of me and my child, or in which I or my child may be included with others for use in any manner consistent with the law. I also grant the **City of Riverside and Victoria Avenue Forever** all legal rights associated with the use of reuse of said photographs, in whole or in part, either by themselves or in conjunction with other photographs in any medium and for any purposes whatsoever, including all promotional and advertising uses as well as, using my name in connection therewith if it is so desired, without compensation. I understand that all photographs taken by the **City of Riverside and Victoria Avenue Forever**, or their employees, agents or assigns, become the sole property of the **City of Riverside and Victoria Avenue Forever**. I hereby release and discharge the **City of Riverside and Victoria Avenue Forever**, its assigns, licensees and legal representatives from any and all claims, actions and demands arising out of, or in connection with, the use of said Photographs including without limitations, any and all claims for invasion of privacy and libel. I have read the above authorization, release and agreement prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns. I understand that the Photographs may be published by **Victoria Avenue Forever's** print publications and /or used in promotional displays. The photographs may be used on websites but no minor's name will be published on the internet. I understand that I will not be compensated for the use of the Photographs and also hereby voluntarily waive, release and relinquish any right to be compensated for the use of the Photograph. Please be advised that all participants involved in any programs and/or events are subject to being photographed.

SIGNATURE OF PARTICIPANT: _____ **Date:** _____

Parent/Guardian: I declare under penalty of perjury that I am the parent/guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms [if participant is a minor].

Print Name of Parent/Legal Guardian: _____ **Relation:** _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____



PROJECT INSTRUCTIONS & SAFETY REQUIREMENTS

GENERAL PROCEDURES:

- Complete the *Volunteer's Agreement to Release All Liability* Form.
- Persons 14 years of age and younger must be accompanied by an adult volunteer
- No open-toed shoes, or flip flops
- Volunteers should wear gloves and safety vests
- Stay in open areas and use the buddy system
- Work in small groups
- Stay alert at all times
- Stay away from traffic, motorists, and construction zones
- Remember, tools are not toys
- Do not pick up broken bottles or sharp objects – use a trash grabber
- Do not touch anything that may be toxic or hazardous
- Note the location of an unsafe item and report it to a team leader or VAF
- **NEVER** let others go off alone

LITTER CLEANUP TIPS:

- Keep trash bags at 20lbs.
- Do not drag trash bags, pick them up
- Double tie all trash bags
- Bags are to be piled at major street corners or designated location

BULKY ITEM HANDLING:

- Be cautious of bulky items
- **Gently** kick the item to make sure animals aren't underneath or around it
- Place bulky items next to the trash bags
- Flatten tumbleweeds and palm fronds, and place them under trash bags

ANIMAL CARE:

- If an animal poses a threat, or you find a dead animal, do not touch them
- Call the Dept. of Animal Services: **951-358-7387**

GRAFFITI:

- Report Graffiti by calling the City of Riverside at **3-1-1**

PERSONAL HEALTH:

- If you have health issues (such as respiratory problems, or diabetes), notify your team leader
- Bring any necessary medication with you
- Do not overwork yourself
- Stay hydrated
- First aid is located at VAF Staging area
- For medical emergency, dial **9-1-1** and notify VAF staff immediately.

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT PERSON: _____ PHONE NUMBER: _____

I have read the foregoing instructions and agree to comply with them in order to participate in this
Victoria Avenue Forever Project

NAME

SIGNATURE

DATE