



READ THIS DOCUMENT IN FULL BEFORE SIGNING

*CHICO PARK DIVISION DECLARATION
OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY*

I, _____, the undersigned, declare as follows:

I am ____ years of age and am not an employee of the City of Chico Park Division. I have made a voluntary request to participate in the Chico Park Division Volunteer Program.

I understand that the Chico Park Division will allow me to participate in the Volunteer Program only on the condition that I assume risks involved in such participation and that I will release the City of Chico, its officers, agents and employees from any liability due to injuries or death or damage to personal property sustained while performing such volunteer work for the Chico Park Division, and I agree to volunteer in the Volunteer Program on these conditions.

In consideration of my being permitted to participate in the Chico Park Division Volunteer Program, I hereby for myself, my heirs, executors and administrators, waive, discharge and release any and all claims against the City of Chico, its officers, agents and employees (hereafter referred collectively as "Releasees") for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me arising out of or connected in any way with my participation in the Program, even though that liability may arise out of negligence or carelessness on the part of Releasees. This assumption of risk and release of liability shall apply to all of my participation in the Volunteer Program during the one year period beginning the date set forth below.

I further stipulate and agree, while participating in the Volunteer Program, to be bound by all rules and regulations concerning my participation and to promptly obey all instructions of any City employee to whom I may be assigned to work with.

I FURTHER ACKNOWLEDGE THAT:

- I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS;
- I UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN MY PARTICIPATION IN THE PROGRAM;
- I INTEND THIS WAIVER, RELEASE AND ASSUMPTION OF RISK TO BE BINDING ON ALL MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.
- I VOLUNTARILY SIGN THIS DOCUMENT EVIDENCING MY ACCEPTANCE OF THE PROVISIONS HEREIN;


Executed on the _____ day of _____, 20____, at Chico, California.

Signature of Applicant/Declarant

Signature of Parent/Guardian

Signature of Witness

APPROVED AS TO FORM:
Lori Barker
City Attorney, City of Chico

By:  Lori Barker
City Attorney