Greenfield Public
RECREATION DISTRICT
42603 ELM AVENUE
GREENFIELD, CA 93927

RELEASE AND WAIVER

I voluntarily, and without duress execute this Release and Waiver under the following terms as part of this event.

NAME: _____

PHONE: _____

ADDRESS: _____

EVENT: GREENFIELD PUBLIC REACREATION DISTRICT 2ND ANNUAL ADVENTURE ON ELM AVE.

DATES:OCTOBER 22ND - 23RD, 2026

1. Assumption of Risk. I understand that my work for the District may include activities that are hazardous and/or physically strenuous and that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my services are performed while participating in District volunteer activities. I agree to the following:

- I will follow all instructions provided by the District, its employees, or volunteer coordinators.
- I will only use equipment that I know how to operate and use safely.
- I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.

2. Indemnity. I hereby agree to defend, indemnify, save and hold free and harmless the District and its officials, officers, employees, volunteers and agents from any and all liability from loss, damage, cost or injury, including wrongful death, to any property or persons, including third parties, in any manner arising out of or incident to any acts, omissions or willful misconduct of me while I participate in the volunteer activities, whether or not while using District equipment, supplies and apparatus, including without limitation the payment of attorneys' fees. Further, I shall defend at my own expense, including attorneys' fees, the District and its officials, officers, employees, volunteers and agents in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct. I agree to accept and assume full responsibility for any and all risks of damage, injury, or death resulting to me while participating in the volunteer activities, whether or not while using District equipment, supplies and apparatus, whether the risks are known or unknown to me.

3. Waiver and Release. I hereby agree, that in consideration for the District allowing me to participate in the volunteer activities, that I, my personal representatives, heirs, next-of-kin and assigns (collectively the "Releasors") hereby release, waive, discharge and covenant not to sue the District and its officials, officers, employees, volunteers and agents from and for any and all liability for any loss or damage to me or the other Releasors, and from and for any claim or demands therefor on account of injury to the person or property of me or the other Releasors, including death, whether caused by the negligence of me, the District, other participants in the volunteer activities, or anyone else while I participate in the volunteer activities, whether or not using District equipment, supplies and apparatus, whether the risks are known or unknown to me.

4. Severability. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of California and that this Release and Waiver is governed by and will be interpreted according to the laws of California. I understand that should any part of this Release and Waiver be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

8. Not an Employee. I hereby acknowledge that as a volunteer for the District, I am not an employee of the District and that I am not covered under the District's workers' compensation insurance plan. I intend to perform voluntary services for the District without compensation**.**

I HAVE CAREFULLY READ, UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE OF LIABILITY. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS FORM. I HAVE AGREED TO SIGN THIS CERTIFICATION OF MY OWN FREE WILL. I CERTIFY THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE OR HAVE HAD THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN. I UNDERSTAND THAT I MAY SEEK THE ADVICE OF AN ATTORNEY IN ANY MATTER CONNECTED WITH THIS FORM BEFORE SIGNING.

_____

SIGN / DATE

_____

EMERGENC BY02. CONTACT / PHONE