



**AMERICAN RIVER PARKWAY FOUNDATION**  
*Take pride in the parkway*

## Youth Waiver of Liability of 2018

5700 Arden Way, Carmichael, CA 95608

Office: 916-486-2773 ♦ Fax: 916-486-2779 ♦ E-mail: [volunteer@arpf.org](mailto:volunteer@arpf.org) ♦ Web: [www.arpf.org](http://www.arpf.org)

### **MUST BE COMPLETED BY A PARENT OR GUARDIAN**

I, the legal parent or guardian of the undersigned volunteer, understand, acknowledge, and agree that in consideration of being allowed to participate in **American River Parkway Foundation Volunteer Event:**

1. I waive any and all claims for injury or damage against the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, and the sponsoring agency (volunteer group), which I may incur while participating in this program.
2. I assume the risk for any and all injuries or damage, which I may incur while participating in this program.
3. I waive any and all claims for workers' compensation coverage, and indemnification and defense for tort liability, against the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, which I may have as a result of participating in this program.
4. I am fully responsible for any damage or injury which I may cause to private property or to other persons, intentionally or negligently, while participating in this program, and agree to indemnify the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, and the sponsor of this project, for any expenses or costs caused by my actions.
5. I grant permission for American River Parkway Foundation, and sponsoring organizations, to use any photographs, film, and videos of me for promotional or other uses either associated with the project or sponsoring organizations, including use on website(s).

### **Please Print**

Volunteer Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**IF UNDER 18, THIS FORM MUST BE FILLED OUT BY A PARENT OR GUARDIAN.**