



Youth Waiver of Liability of 2019

THIS FORM MUST BE COMPLETED BY A LEGAL PARENT OR GUARDIAN

ARPF Minor Policy: Any Minor younger than 16 must be accompanied by an adult. Minors age 16-17 can attend volunteer events unaccompanied. All Minors must have this waiver signed by a legal parent or guardian.

I, the legal parent or guardian of the undersigned Minor volunteer, understand, acknowledge, and agree that in consideration of being allowed to participate in volunteer program for the duration of one year beginning January 1, 2019 and ending December 31, 2019:

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 may the Minor incur while participating in this program.
2. I assume the risk for any and all injuries or damage, which the Minor 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 the Minor may have as a result of participating in this program.
4. I am fully responsible for any damage or injury which the Minor 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 the Minor for promotional or other uses either associated with the project or sponsoring organizations, including use on website(s).

Volunteer Name (**Please Print**): _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please return a copy of this completed form to the American River Parkway Foundation.

5700 Arden Way, Carmichael, CA 95608

Office: 916-486-2773 ♦ Fax: 916-486-2779 ♦ E-mail: volunteer@arpf.org ♦ Web: www.arpf.org