



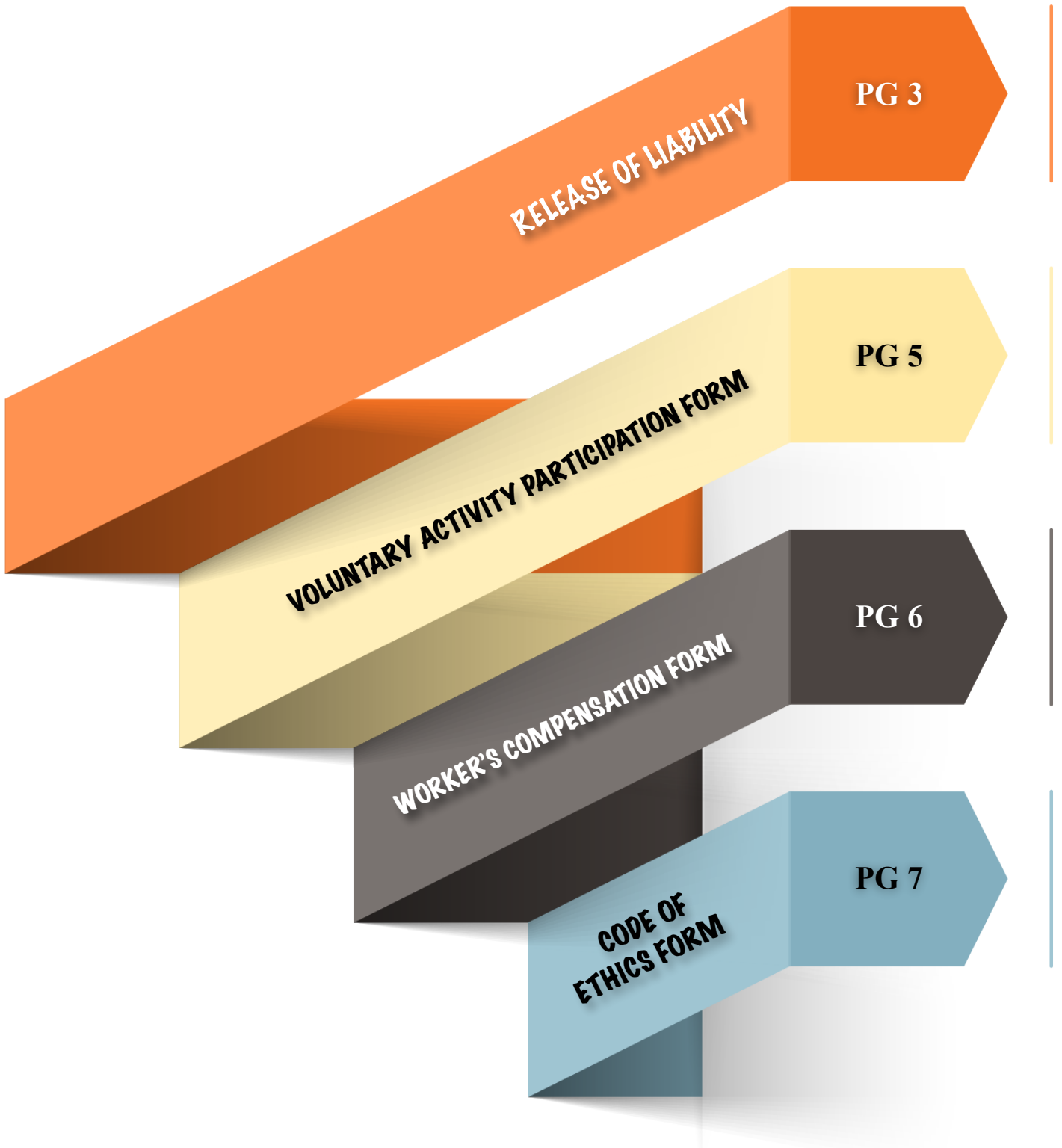
CITY OF HERMOSA BEACH

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LIABILITY WAIVER FORMS



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RELEASE OF LIABILITY

As a volunteer, I have received a copy of the City of Hermosa Beach Volunteer Guidelines, which outlines the policies, procedures and expectations for volunteers. I have read and understand the information stated and agree to abide by the policies during my service to the City of Hermosa Beach.

I understand that it is my responsibility to raise any questions or concerns about any of the information outlined in the Volunteer Guidelines and in this application to Human Resource Department. Also, that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.

In consideration of my participation, I voluntarily release the City of Hermosa Beach, its respective officers, agents, employees, members, and volunteers from any and all liability for injuries or death or property damage resulting from or in any way connected with my participation, that this waiver and release is applicable even though the negligent activities of the City of Hermosa Beach, its respective officers, agents, employees, members, or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. Additionally, this Waiver and Release will apply to any injury, death, and/or property damage caused or allegedly caused by a dangerous condition of public property. I freely and voluntarily expressly assume all the risks of participating in these volunteer activities.

I represent that to the best of my knowledge that I have no medical, physical, and/or emotional health condition which would hinder or prevent my participation. I also certify that I am physically fit, have sufficiently trained for participation and have not been advised otherwise by a qualified medical person. In the case of sickness, accident, or injury, the City of Hermosa Beach, its respective officers, agents, employees, members, or volunteers have my express permission to secure, at my expense, such medical attention as is deemed necessary in the sole discretion of the City of Hermosa Beach, its respective officers, agents, employees, members, or volunteers.

I understand that during volunteer activities, I may be photographed. I agree to allow photo, video, or film likeness of me to be used for any legitimate purpose by the City of Hermosa Beach, its respective officers, agents, employees, members, volunteers, officials, producers, sponsors, organizers, and/or assigns.

I hereby knowingly and unequivocally waive, release and discharge any and all rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the City, its employees, officers, agencies, other volunteers and officials as a result of performing said volunteer services. In granting this full and complete release and waiver of liability on the part of the City, I specifically waive California Civil Code Section 1542, which states:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor.

I expressly desire to release the City, its employees, officers, agencies, other volunteers and officials from any financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the City and/or its employees.

Print Name of Participant

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 OR UNABLE TO SIGN FOR THEMSELVES, THE PARENT(S) OR GUARDIAN(S) MUST SIGN.

The above participant has my permission to participate in the volunteer activities. I have read and agree to be bound by the provisions set forth above. I am authorized to make binding commitments on behalf of the minor whose signature appears above.

I know of no health limitations which may restrict this volunteer’s participation in this activity.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

**VOLUNTARY ACTIVITY PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I _____ choose to volunteer for the City of Hermosa Beach, California.

I understand and acknowledge that this activity, by its very nature, may pose the potential risk of serious injury/illness to individuals who participate in such activity.

I understand and acknowledge that participation in this activity is completely voluntary and as such is not required in the course and scope of my employment with the City.

I understand and acknowledge that in order to participate in this activity; I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activity.

I understand, acknowledge, and agree that the City, its employees, council members, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITY PARTICIPATION FORM and that I understand and agree to its terms.

Print Name of Participant

Signature of Participant

Date

**IF PARTICIPANT IS UNDER 18 OR UNABLE TO SIGN FOR THEMSELVES, THE PARENT(S)
OR GUARDIAN(S) MUST SIGN.**

The above participant has my permission to participate in the volunteer activities. I have read and agree to be bound by the provisions set forth above. I am authorized to make binding commitments on behalf of the minor whose signature appears above.

I know of no health limitations which may restrict this volunteer’s participation in this activity.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

WORKER'S COMPENSATION FORM

I hereby acknowledge that as a volunteer for the City of Hermosa Beach, I am not an employee of the City and that I am not covered under the City's workers' compensation plan. I intend to perform voluntary services for the City without compensation.

I hereby knowingly and unequivocally waive, release and discharge any and all rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the City, its employees, officers, agencies, other volunteers and officials as a result of performing said volunteer services.

I expressly desire to release the City, its employees, officers, agencies, other volunteers and officials from any financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the City and/or its employees.

I understand that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City, its employees, officers, agencies, other volunteers and officials, who (through negligence or carelessness) might otherwise be liable to me (or my heirs, assigns, agents or other representatives) for damages.

No promise, inducement, or agreement has been made to me to induce me to release the City from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise, inducement, or agreement been made to me in return for the express waiver of rights referred to above.

Print Name of Participant

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 OR UNABLE TO SIGN FOR THEMSELVES, THE PARENT(S) OR GUARDIAN(S) MUST SIGN.

The above participant has my permission to participate in the volunteer activities. I have read and agree to be bound by the provisions set forth above. I am authorized to make binding commitments on behalf of the minor whose signature appears above.

I know of no health limitations which may restrict this volunteer's participation in this activity.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

CODE OF ETHICS FORM

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the fields in which I work.

- I will keep confidential matters confidential.
- I interpret 'volunteer' to mean that I have agreed to work without compensation, but having been accepted as a worker, I expect to do my work according to standards.
- I promise to work with an attitude of open-mindedness; to be willing to be trained for the assignment; to bring to the assignment interest and attention.
- I realize that I may have personal and educational qualities that my co-workers may not have and that I should use these to enrich the projects which we are working on together.
- I realize, also, that I may lack personal or educational qualities that my co-workers have, but I will not let this make me feel inadequate, but will contribute to the team with the assets that I have.
- I understand that I am expected to live up to my work commitment, and I will give ample notice if I cannot fulfill it.
- I believe that my attitude toward volunteer work should be professional.
- I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Print Name of Participant

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 OR UNABLE TO SIGN FOR THEMSELVES, THE PARENT(S) OR GUARDIAN(S) MUST SIGN.

The above participant has my permission to participate in the volunteer activities. I have read and agree to be bound by the provisions set forth above. I am authorized to make binding commitments on behalf of the minor whose signature appears above.

I know of no health limitations which may restrict this volunteer's participation in this activity.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

SUPERVISOR AGREEMENT

(For Office Use Only)

Date:

Department:

As a Human Resource Department, I have reviewed the information in the Volunteer Handbook for _____ (Name of Volunteer). I agree to meet the expectations of a Human Resource Department and follow-up with any comments or questions raised by my volunteer. Furthermore, volunteer information will not be disclosed and will not be provided to anyone outside the management of the Volunteer Program.

Supervisor Name (Print)

Supervisor Signature

Date