State of California - Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

APPLICATION AND PERMIT TO CONDUCT SCIENTIFIC RESEARCH AND COLLECTIONS Optional Liability Waiver Addendum

		THIS BUX FUR DP					
		APPLICATION NUMBER	DATE RECEIVED				
APPLICANT ORGANIZATION NAME	PRINCIPAL INVESTIGATOR	PROJECT TITLE					
At the sole discretion of the responsible reviewer, the Department may require Applicant Organization to submit signed liability waivers from all field participants. Waivers will be required when permitted activities involve unusual or hazardous situations.							
<u>If Liability Waivers are required</u> : Activities under this permit shall not commence until Applicant Organization has submitted signed liability waivers for all participants in field activities.							
Waiver of Liability and Assumption of Risk Agreement							
Waiver: In consideration of being permitted to participate in permit activities, including transportation, to the location, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the California Department of Parks and Recreation, its officers, employees, and agents (hereinafter referred to as Releasees), from liability from any and all claims including the negligence of the Releasees, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in any permit activity, including transportation to the permit location.							
Assumption of Risks: Participation carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and (3) catastrophic injuries including paralysis and death.							
I have read the previous paragraphs and I know and understand these and other risks that are inherent in participation. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.							
Hold Harmless: I also agree to HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of participation and to reimburse them for any such expenses incurred.							
Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.							
Acknowledgment of Understanding: I have read this waiver of liability and assumption of risk agreement, and I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.							
Signature of Participant Date	Signature of Paren	t/Guardian (if Minor) D					
Participant Name (Print)	Parent/Guardian Na						
Checkmark if page 2 is attached with more participar	it signatures for this applicati	on.					

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APPLICATION AND PERMIT TO CONDUCT SCIENTIFIC RESEARCH AND COLLECTIONS Optional Liability Waiver Addendum - Continued (multiple participants)

	optional Liability Walter Addendant Continued (mainpie participante)						
APF	LICANT ORGANIZATION NAME	PRINCIPAL INVESTIGATOR	PROJECT TITLE				
At the sole discretion of the responsible reviewer, the Department may require Applicant Organization to submit signed liability waivers from all field participants. Waivers will be required when permitted activities involve unusual or hazardous situations.							
ALL PARTICIPANTS MUST READ PAGE 1 Waiver of Liability and Assumption of Risk Agreement BEFORE SIGNING							
Acknowledgment of Understanding: My signature below indicates that I have read the waiver of liability (page 1) and assumption of risk agreement, and I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.							
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME		DATE			
1	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	1E	DATE			
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME		DATE			
2	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	1E	DATE			
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME		DATE			
3	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	1E	DATE			
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME		DATE			
4	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	1E	DATE			
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME		DATE			
5	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	1E	DATE			
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	_	DATE			
6	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	1E	DATE			
	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME		DATE			
7	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAM	лЕ	DATE			

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