FUITORAL	State of California - The Resources Agency DEPARTMENT OF PARKS AND RECREATION
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## SPECIAL PROJECT OR ACTIVITY SIGN-IN

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ACTIVITY/PROJECT	LEADER	DATE(S) OF ACTIVITY/PROJECT
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/	ACTIVITY/PROJECT	ACTIVITY/PROJECT LEADER

## AGREEMENT, WAIVER AND RELEASE OF CLAIMS

(To be read aloud to the group)

Each of the undersigned agrees as follows:

- 1. That I am volunteering my services for the above-described event on a voluntary basis without anticipation of payment of any kind;
- 2. That I will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability;
- 3. That I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely;
- 4. That I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments;
- 5. That I understand there are risks and hazards associated with my participation;
- 6. That I hereby release and discharge, agree to indemnify and hold harmless, the State of California, the Department of Parks and Recreation, and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns, may have for any and all injuries and damages, known or unknown, caused by or arising out of the above-described activity;
- 7. That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a State of California employee, agent, official, officer or representative, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from the State of California or the Department of Parks and Recreation, nor will I make any such claim;

8. That I have read this agreement, waiver and release of claims, and understand its terms, and I voluntarily execute it with full knowledge of its significance.

SIGNATURE	PRINTED NAME	ADDRESS (optional)	TELEPHONE NO. (optional)
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UNIT/LOCATION	ACTIVITY/PROJECT		LEADER	DATE(S) OF ACTIVITY/PROJECT
SIGNATURE	PRINTED NAME		ADDRESS (optional)	TELEPHONE NO. (optional)
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