

WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK

I, the undersigned, being of lawful age or the parent/legal guardian of the participant involved in any program of the City of Huntington Beach/Huntington Beach Tree Society, Inc. (hereinafter "Program"), in consideration of the opportunity to participate in the Program, do hereby **RELEASE, DISCHARGE AND HOLD HARMLESS**, the City of Huntington Beach/Huntington Beach Tree Society, Inc. and its officers, agents, and/or employees **FROM ANY AND ALL LIABILITY FOR DAMAGES OR CLAIMS FOR DAMAGES AS A RESULT OF PERSONAL INJURY, INCLUDING ACCIDENTAL DEATH, AS WELL AS FROM CLAIMS AS A RESULT OF PROEPRTY DAMAGE, OR ANY OTHER LIABILITIES WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE IN CONNECTION WITH THE PROGRAM. THE UNDERSIGNED REALIZES THERE ARE RISKS IN PARTICIPATING IN THIS PROGRAM.** These risks include, but are not limited to, severe lacerations and/or cuts, head traumas, injuries to joints and/or muscles, back or spinal injuries, paralysis, the risk of possible injury or loss of life as a result of contact with poisonous plants, snakes, or from over-exertion of environmental conditions. Despite these risks the undersigned wishes to proceed and **FREELY ACCEPTS AND ASSUMES ALL RISK, DANGERS, AND HAZARDS THAT MAY ARISE FROM PARTICIPATION** during the Program. The undersigned acknowledges that the participant has received appropriate instruction regarding the Program, including appropriate safety and emergency procedures, and that the participant fully understands those instructions and is capable of and agreeable to following them. In addition, in any actions undertaken during this Program the participant agrees to use the supplies, tools, and equipment to its proper use and understands such equipments intended use.

The undersigned knows of no physical disorder that should keep the participant from undertaking the activities associated with the Program, and will not participate if under the influence of alcohol or any drug that could impair his or her physical or mental abilities. The undersigned acknowledges that, as an independent volunteer, the participant will not be considered an employee of the City of Huntington Beach and will have no claims to any Workers' Compensation coverage. If the participant should become injured while participating in the Program, the undersigned authorizes any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary.

Participation constitutes permission for the HBTS to take and use any photograph of the participant and/or legal guardian in any promotional materials without compensation to the participant and/or legal guardian of the participant for such use.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT.

Signature of Participant: _____ Date: _____

Signature of Parent/Legal Guardian (if Minor): _____

(Please Print)

Name of Participant: _____ Date of Birth: _____

Street Address: _____

Email (Optional): _____