



Community Services/Recycling
 475 N. Spruce
 Escondido, CA 92025-2525
 Phone: (760) 839-6216
 Fax: (760) 739-8623

LIABILITY WAIVER/RELEASE FORM

TO BE COMPLETED BY ALL CITY OF ESCONDIDO PROGRAM PARTICIPANTS

Program Name: WE CLEAN ESCONDIDO

Participant Name (please print): _____ Age (if minor): _____

Parent or Legal Guardian Name (if minor): _____

Group Name: _____

Location of Work Area: _____

Address: _____

Telephone: (Home) _____ Telephone: (Work) _____

PLEASE READ WAIVER/RELEASE AND SIGN BELOW

LIABILITY WAIVER/RELEASE

I have read and I understand the We Clean Escondido Safety Rules (on the back of this sheet); furthermore, I agree to abide by these rules and guidelines.

I agree to indemnify, defend and hold harmless the City of Escondido, its officers, agents and employees from any and all loss, damage, liability, cost or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which I, my child, or my ward is participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that I, my child, or my ward may sustain during any of the activities. I forever discharge the City of Escondido, its officers, agents and employees from any lawsuits, damages, claims or judgments resulting from any personal injuries or property damages that I, my child, or my ward may sustain while using City property or equipment, or while participating in an activity sponsored by the City of Escondido.

I understand that the City may take photographs for the use in City publications and news releases without my written consent.

Effective Dates of Agreement: _____ to _____

Today's Date

Year from Today's Date

I have read the above Waiver/Release of liability and understand it.

Participant's Signature: _____ **Date:** _____

(If Minor, Parent or Legal Guardian Must Sign)

If you are requesting accommodation for a qualified disability, please indicate what accommodation is needed:
