

**CITY OF AGOURA HILLS**  
**PARTICIPANT RELEASE AND INDEMNIFICATION AGREEMENT**  
**-- READ BEFORE SIGNING --**

I certify that I am volunteering to participate in Reyes Adobe Days (the "Event"). I understand that "participation" in the Event may include preparing for, traveling, receiving instruction and engaging with the public in the Event. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Event.

In consideration for being allowed to participate in the Event, and its related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. Acknowledgement of Risks. I understand that the Event is or may be dangerous and will or may involve risks of injury, loss, or damage to myself and/or any minor children for which I am responsible. I further acknowledge that such risks may include, but not be limited to, bodily injury, personal injury, accidents, illness, disease, death, and property loss or damage, arising from the following circumstances, among others:
2. Express Assumption of Risk and Responsibility. I **knowingly, voluntarily and freely assume all such risks**, whether foreseen or unforeseen in participation in this Event, **even if arising from the active negligence of the City of Agoura Hills** or others, and assume full responsibility for my participation, including, without limitation, any minor children for which I am responsible, for bodily injuries, personal injuries, accidents, death, disease, illnesses, loss or damage of personal property and expenses thereof.
3. Emergency Medical Authorization. I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in this Event. I have appropriate insurance, or in its absence, agree to pay all costs or rescue and/or medical services as may be incurred on my behalf.

Participant's Medical/Physical Conditions (including allergies): \_\_\_\_\_  
Participant's Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Participant's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Participant's Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

4. Release. I, for myself, my heirs, executors and assigns, waive, release and discharge the City of Agoura Hills and its officers, agents, employees, and volunteers (hereinafter collectively referred to as "the City of Agoura Hills") from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, which are related to, arise out of, or are in any way connected with, participating in the Event even though that liability may arise out of active negligence or carelessness on the part of the City of Agoura Hills.
5. Indemnification. I, for myself, my heirs, executors and assigns, agree to defend, indemnify and hold harmless the City of Agoura Hills from any and all liability, claims, demands, or actions, whether personal to me or to a third party, which are related to, arise out of, or are in any way connected with, participating in the Event, even though that liability may arise out of active negligence or carelessness on the part of the City of Agoura Hills, or its officers, agents, employees and volunteers.

**I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM, AMONG OTHER THINGS, GIVING UP IMPORTANT LEGAL RIGHTS AND THAT I AM GIVING UP THE RIGHT TO SUE THE CITY OF AGOURA HILLS.**

**I ACKNOWLEDGE AND CERTIFY THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND ITS CONTENT AND THAT I EXECUTE IT FREELY, INTELLIGENTLY AND WITHOUT DURESS OF ANY KIND, AND THAT I AGREE TO BE BOUND BY ITS TERMS.**

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF EVENT)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her participation, and authorize all Releases provided above. For myself, my heirs, assigns, personal representatives, executors, administrators, and next of kin, I release and agree to indemnify and hold harmless the City of Agoura Hills from any and all liabilities incident to my minor child's involvement in this Event as provided above, whether arising from the active negligence of the City of Agoura Hills or otherwise, to the fullest extent permitted by law.

Parent/Guardian Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Minor Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Emergency Contacts other than Parent/Guardian:  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**YOU MUST BRING THIS SIGNED WITH YOU ON YOUR FIRST VOLUNTEER DAY FOR "REYES ADOBE DAYS".**

**If you have any questions, email: [agourahillsrec@ci.agoura-hills.ca.us](mailto:agourahillsrec@ci.agoura-hills.ca.us)**

**Phone: 818.597.7361**