



INDIVIDUAL VOLUNTARY RELEASE

Santa Clara County Parks and Recreation Department

GROUP/ORGANIZATION:	
EVENT:	ACTIVITY:
DATE:	LOCATION:

1. Voluntary Participation. I, acknowledge that I have voluntarily applied to participate in the listed program/activity of the Santa Clara County Parks Department, or to have my minor child participate in the listed County program or activity:

2. Assumption of Risk. I AM AWARE THAT, THE ABOVE LISTED ACTIVITY, IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, OR ALLOWING MY CHILD TO PARTICIPATE, WITH KNOWLEDGE OF THE DANGER INVOLVED. BY SIGNING THIS AGREEMENT BELOW, I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

3. Release. As consideration for being permitted to participate in this County Program and use related facilities or have my minor child participate and use related facilities, I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against or sue Santa Clara County, its officers, agents or employees, on account of injury or damage resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of Santa Clara County as a result of my participation or my child's participation in the County Program. I hereby release Santa Clara County, its officers, agents and employees, from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may later have for injury or damage resulting from my participation in the County Program.

4. Knowing and Voluntary Execution. BY SIGNING BELOW, I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SANTA CLARA COUNTY AND SIGN IT OF MY OWN FREE WILL.

IF UNDER AGE 18, PLEASE HAVE PARENT OR LEGAL GUARDIAN SIGN IN THE SPACE PROVIDED.

Volunteers ages 15 and under must fill out this form, have a parent sign it, and have a parent or guardian over the age of 18 accompany them for the duration of the event.

Volunteers ages 16 and 17 must fill out this form, have a parent sign it, or bring a completed volunteer application with them on the day of the event.

Hours	Name	Phone Number	Email	
	Organization	Have you volunteered for SCC Parks before? (Y / N)	Do you want to be on mailing list and/ or e-mailed? (Y/N)(email / mail / both)	
	Signature	Street Address		
	Parent or Legal Guardian Signature	City	State	Zip
Hours	Name	Phone Number	Email	
	Organization	Have you volunteered for SCC Parks before? (Y / N)	Do you want to be on mailing list and/ or e-mailed? (Y/N)(email / mail / both)	
	Signature	Street Address		
	Parent or Legal Guardian Signature	City	State	Zip
Hours	Name	Phone Number	Email	
	Organization	Have you volunteered for SCC Parks before? (Y / N)	Do you want to be on mailing list and/ or e-mailed? (Y/N)(email / mail / both)	
	Signature	Street Address		
	Parent or Legal Guardian Signature	City	State	Zip

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