



AMERICAN RIVER PARKWAY FOUNDATION
Preserving the legacy through community stewardship

Youth Waiver of Liability

5700 Arden Way, Carmichael, CA 95608

Office: 916-486-2773 ♦ FAX: 916-486-2779 ♦ e-mail: volunteer@arpf.org ♦ Web: www.arpf.org

MUST BE COMPLETED PRIOR BY PARENT/GUARDIAN AND BROUGHT TO THE EVENT

I, the undersigned volunteer, or the parent or legal guardian of the minor volunteer, understand, acknowledge, and agree that in consideration of being allowed to participate in the volunteer program:

1. I waive any and all claims for injury or damage against the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, and the sponsoring agency (volunteer group), which I or my child may incur while participating in this program.
2. I assume the risk for any and all injuries or damage, which I or my child may incur while participating in this program.
3. I waive any and all claims for workers' compensation coverage, and indemnification and defense for tort liability, against the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, which I, or my child, may have as a result of participating in this program.
4. I am fully responsible for any damage or injury which I or my child may cause to private property or to other persons, intentionally or negligently, while participating in this program, and agree to indemnify the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, and the sponsor of this project, for any expenses or costs caused by my actions or the actions of my child.
5. I grant permission for American River Parkway Foundation, and sponsoring organizations, to use any photographs, film, and videos of me for promotional or other uses either associated with the project or sponsoring organizations, including use on website(s).

Please Print:

Print Group Name: _____

Print Volunteer Name: _____ Age (if under 18): _____

Print Parent/Legal Guardian's Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date*: _____
 (Adult Volunteer or Parent/Legal Guardian)

IF UNDER 18, FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

Group Leader: Please forward a copy of this completed form to the American River Parkway Foundation.

*This form will be kept on file and remain active for the current calendar year based on signature date.