



# Volunteer Project

## Special Event Release & Waiver

Group/Agency \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

### All Participants Must Sign This Section

#### Release & Waiver of Participant

I choose to participate in the Oso Creek Project. I am aware that this volunteer assignment may present risk of injury. I agree to assume all risks for injuries arising out of my participation as a volunteer. I agree that the City of Mission Viejo, and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my person and/or property, incurred while participating as a volunteer.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

#### Parental Consent

##### *Required for volunteers under 18 years of age in order to participate:*

I hereby allow my son/daughter to participate in the Eagle Project. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries arising out of my son/daughter's participation as a volunteer. I agree that the City of Mission Viejo and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my son/daughter and/or property, incurred while participating as a volunteer.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

#### Medical Release

In the event that I cannot be reached in an emergency, I hereby give permission to the emergency medical staff selected to hospitalize and secure proper treatment for my child and I will assume all medical cost.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

