Special Events Volunteer Hold Harmless Agreement 2020

Name: _____ Date of Birth: ____/____/____
First Middle Last

Address:_____City:_____Zip:_____

Phone: _____EMail:_____

THANK YOU for volunteering with the Cosumnes Community Services District. Volunteers enable us to serve our community and provide great customer service to our guests! Prior to volunteering, each individual must have a signed Hold Harmless and Media Release Agreement on file for the current calendar year. Please read, sign below and return to CSD staff. Any volunteers under the age of 18 must have a parent/guardian signature on file.

Hold Harmless Agreement. The Cosumnes Community Services District, their officers and employees, and any co-sponsor of its activities are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from volunteer service. The CSD has no medical insurance for individuals, and any injury to, or caused by, the participant will be the participant's sole and exclusive responsibility. Participant, or his/her parent or guardian if actual participant is under 18, shall be solely and exclusively responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity or event where he or she is serving as a volunteer. This provision shall survive the expiration of the Agreement.

Media Release Agreement. The participant, or parent or guardian if actual participant is under 18, unconditionally authorizes and consents to the CSD using videotape, photographic, electronic and/or any other media image, quotations, likeness, or electronic or photographic reproduction in any manner, in whole or in part, for any and all educational, promotional, marketing, news, or outreach activities of the CSD.

By signing below, I acknowledge that I have read and understand this notice and, if I am signing on behalf of a participant under the age of 18, I attest that I am that participant's legal guardian and am signing on behalf of the minor. I further understand that this agreement is valid for the above named individual when volunteering with the CSD in the 2020 calendar year.

My signature affirms that I have read and agree with the Hold Harmless Agreement and that I understand that this agreement is valid for the above named individual when volunteering with the Cosumnes Community Services District in the 2020 calendar year.

_____ _____

Signature Date
(Parent or Guardian if under 18)