CITY OF PITTSBURG | Adopt-A-Spot
Volunteer Waiver and Release Agreement for **MINOR** Volunteers

Date: Fiscal Year July 1, 202___– June 30, 202___

I have a **minor volunteer** participating in the City of Pittsburg's Adopt a Spot Program scheduled for Fiscal Year July 1, 202__ through June 30, 202__. As the parent/guardian of a minor performing volunteer activities for the City of Pittsburg, I recognize and acknowledge that there are certain risks of serious injury. I understand that the creeks, parks, streets, plazas, drains, and trails may contain broken and discarded items such as glass bottles, sharp metal objects, and other potentially serious hazards. I understand that by allowing the child/ward to participate in this volunteer activity that there is exposure to injury to the child/ward.

This Waiver and Release Agreement is intended to discharge in advance the City of Pittsburg ('City') (its officers, employees, and agents) and person(s) owning land along the creek or designated volunteer area from any and all liability arising out of or connected in any way with my child/ward's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this Waiver and Release is to be binding on my heirs and assigns. I agree to assume the full risk of any injuries, damage, or loss which my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with these volunteer activities.

Parent/Guardian additionally agrees to indemnify the City against any claims or rights of action for damages which the minor child/ward has before or after has the reach age of majority.

In the event of an emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Waiver and Release Agreement and Permission to Secure Treatment.

Parent/Guardian's Signature _____ Print Name (Parent/Guardian) _____

Emergency Contact / Emergency Phone Number / Relationship _____

Any medications, allergies, or health problems to be aware of? _____ Volunteer's Date of Birth _____

I agree to abide by all instructions set forth by the City of Pittsburg staff during my volunteer activities.

I understand that I am required to wear and /or use all safety equipment and follow safe work practices as designated by the City of Pittsburg staff. If I am injured while participating in the event, I agree to report it to my crew chief or to the first aid staff immediately.

I agree to all of the above conditions.

Volunteer's Signature _____ Print Name (Volunteer) _____

Home Number _____ Email Address _____ School, Club, or other Affiliation _____

Address _____ City _____ Zip _____

Location(s) of volunteer activities: _____