

200 Civic Center Drive Vista, CA 92084

PARTICIPATION AGREEMENT AND ACKNOWLEDGEMENT OF RISK VOLUNTEER ACTIVITY VISTA CARES BUSINESS WALK EVENT- OCTOBER 6, 2022

PLEASE READ THE INFORMATION BELOW AND SIGN WHERE INDICATED

By participating in the VISTA CARES BUSINESS WALK EVENT, I agree as follows: 1. I am volunteering my services for the VISTA CARES BUSINESS WALK EVENT ("the Event") on a voluntary basis without anticipation of payment of any kind; 2. I will perform assigned tasks that are within my physical capability to the best of my ability, and I will not undertake tasks that are beyond my ability; 3. I understand that the volunteer activities primarily involve visiting local businesses, administering a survey and returning the results of the survey to a specific location; 4. I acknowledge that I have received appropriate instructions regarding this Event from the Event organizers, including appropriate safety and emergency procedures, and that I fully understand those instructions and that I agree to follow these safety and emergency procedures as explained by the Event organizers; 5. I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments; 6. I acknowledge that the City of Vista may take photographs of the Event and Event participants and that the City of Vista may use said photographs for promotional materials and other operational activities freely and without any compensation or further notice; 7. I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a City of Vista employee, agent, official, officer, or representative, and further acknowledge that I am not entitled to any compensation, benefit, or insurance coverage, excepting workers compensation, from the City of Vista or any Event promoter or sponsor, nor will I make any such claim.

I understand and agree that the City of Vista and any of their sponsors, donors, officers, directors, employees, agents, or representatives (hereinafter collectively referred to as "Released Parties"), may not be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity, or as the negligence of any party, including Released Parties, whether passive or active.

I know of no physical limitations that should keep me from undertaking the activities associated with this Event. In consideration for being allowed to participate in this activity, I hereby personally assume all risks in connection with the Event for any harm, injury, or damage that may befall me as a participant, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of participation in this activity, including both claims arising during the activity and after I complete the activity.

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If I should become injured while participating in the Event, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. As a volunteer, I acknowledge that I will be covered under the City's workers' compensation policy and that if I am injured while performing these tasks my exclusive remedy is through the workers' compensation program. I further declare that I am over the age of eighteen and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS PARTICIPATION AGREEMENT – FRONT AND BACK PAGES – AND AKNOWLEDGEMENT OF RISK BY READING IT BEFORE I HAVE SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

IF PARTICIPANT IS UNDER 18, THE PARENT (OR GUARDIAN, IF ANY) MUST SIGN.

I am the parent or legal guardian of the above participant and he/she has my permission to participate in this Event. I have read and agree to the provisions stated above. I know of no health limitations that may restrict this volunteer's participation in this activity.

Participant's Name (Print)	Age if under 18	Date	Address	
Signature of Participant			City, State, Zip	
Parent/ Legal Guardian's Name		Date	Address	
Signature of Parent or Legal Guardian			City, State, Zip	
Emergency Contact Informati	on:			
Contact Name (please print):				
Address:		Telephone:		

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