



GENERAL LIABILITY WAIVER

ACTIVITY: **Volunteer**

The undersigned voluntarily wishes to participate in the Volunteer Program, which is sponsored by The Escondido Creek Conservancy and is a VOLUNTARY ACTIVITY, AND I/WE WILL NOT RECEIVE ANY COMPENSATION FROM THE DISTRICT FOR THIS VOLUNTARY PARTICIPATION IN THIS ACTIVITY. NOR WILL I RECEIVE WORKERS' COMPENSATION INSURANCE. The Volunteer Activity may be a hazardous activity with the potential for death, serious injury and property loss. The risks include but are not limited to; those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Volunteer Program. I certify that I am physically able to participate as a volunteer and have not been advised otherwise by a qualified medical person.

GENERAL AGREEMENT, WAIVER AND RELEASE (Adults over 18)

I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, The Escondido Creek Conservancy (its board, employees, and agents) from and against any and all liability arising out of or connected in any way with my participation as a volunteer.

Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless The Escondido Creek Conservancy, (its board, employees and agents). I further understand and agree that this waiver, release and assumption of risks are to be binding on my heirs and assigns.

I further agree to indemnify and to hold The Escondido Creek Conservancy (its board, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating as a volunteer.

Safety Precautions/Covid

Due to COVID 19 pandemic- volunteers must be able to drive their own vehicles on site or walk to site locations. Only one person per vehicle is permitted. Masks will be required at all times, especially when cannot keep a 6ft distance. When sharing equipment, it should be wiped down with sanitizer after each use. Sanitizers and masks shall be provided by the Conservancy. If someone feels ill, they should not come into work. There will be no repercussions calling in sick. If a volunteer tests positive for COVID-19, they will be given a leave of 14 days absence, after which they can come back to volunteer after presenting a negative COVID-19 test. Safety of our volunteers and employees will always be the highest priority. Interns should feel comfortable and have no negative stigma if they are concerned they have COVID symptoms.

_____ Initial



I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signature of underage volunteer: _____

Print Name of underage volunteer: _____

Date: _____

TECC Employee Signature: _____

Phone Number: _____

Email Address: _____

Would you like to join our email list for more volunteer opportunities?: YES / NO

PARENTAL CONSENT

If the participant is a minor the undersigned parent or legal guardian warrants and represents that this RELEASE, its significance and the assumption of risk has been explained to and understood by my minor child or ward. I hereby declare, under penalty of perjury, that I am the parent or legal guardian of the named participant.

_____ Printed Name of Parent/Guardian

_____ Signature of Parent/Guardian (if Participant is a minor)

_____ Emergency Contact

Date:

PARENTAL CONSENT FOR MEDICAL TREATMENT IN AN EMERGENCY

In the event of sudden illness, accident, or injury which may occur while my child or ward, above identified, is engaged in an activity supervised or sponsored by TECC employees, agents, or volunteers, when neither the parents nor guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any medical care provider licensed under the laws of the State of California.

_____ Signature of Parent/Guardian (if Participant is a minor):