

Roots of Connection Waiver Form

Please PRINT and complete BOTH sides of the form

Date: ____/____/____ Event/Class: _____

Participant Name(s) Include children for whom you are responsible if applicable:

Adult: _____ Youth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email _____ **Circle: Home Work**

Phone number _____ **Circle: Home Mobile Work**

Food allergies, medical conditions:

Emergency Contact Information:

Name _____ Phone Number _____ Relation _____

If participant is under age 18 and without a parent/guardian, please complete this section

Parent or Guardian Name: _____ **Circle: Parent Guardian**

Address (if different from above): _____ **Circle: Home Work**

City: _____ State: _____ Zip: _____

Email _____ **Circle: Work Personal**

Phone number #1 _____ **Circle: Home Mobile Work**

Phone Number #2 optional _____ **Circle: Home Mobile Work**

Please tell us how you learned about Roots of Connection:

friend word of mouth newspaper website Facebook

event: _____ other: _____

PLEASE READ AND SIGN THE WAIVER AND RELEASE OF LIABILITY ON THE OTHER SIDE

THANK YOU FOR YOUR PARTICIPATION!

FOR STAFF USE ONLY:

Date and Time, Staff initials:

Roots of Connection Waiver Form

Roots of Connection (ROC) is a sole proprietorship whose mission is to empower youth and adults to connect with themselves, each other, and nature by using core routines (things people do to learn nature's ways) that, when practiced, lead to knowledge of place and care and compassion for the natural world and all living things.

1. Policies and Safety Rules. For my safety and that of others, I will comply with ROC's participation policies and safety rules and its other directions for all activities. I will supervise any child or other person for whom I am responsible. If I become aware of any hazardous condition or danger at an ROC program site, I will alert ROC.

2. Awareness and Assumption of Risk. I understand that my participation with ROC has inherent risks that may arise from ROC's operations, my own actions or inactions, or the actions or inactions of ROC, its directors, officers, employees and agents, other volunteers, and others present at ROC and other program sites. These risks may include, but are not limited to: dangers and conditions inherent to the outdoors, natural spaces and other program sites, including bees, snakes, animals, poison oak, uneven terrain, allergens; weather; physical exertion; and travel to and from ROC program sites. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence at ROC program sites or participation in ROC activities, regardless of the cause.

3. Waiver and Release of Claims. I waive and release any and all claims against: ROC; the owner or owners of premises on which ROC programs take place including owners of sites (collectively, "landowners"); other tenants at ROC's or landowners' premises; the County of Sacramento (the "County"); and other tenants' directors, officers, agents, employees, volunteers, and affiliates (collectively, the "Released Parties"), for any liability, loss, damages, claims, expenses and attorneys' fees (collectively, "Liabilities") resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at a ROC program site or participation in ROC activities, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release. I understand that ROC would not permit me to participate without my agreeing to these waivers and releases.

4. Medical Care Consent and Waiver. I authorize ROC to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon ROC to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my activities with ROC.

5. Indemnification. I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any person in a relationship with me or any other third party, which may arise directly or indirectly from my ROC activities, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

6. Confidentiality. As a volunteer, I may have access to ROC confidential information. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my ROC activities or as expressly authorized in writing by ROC's Executive Director.

7. Publicity. I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in ROC volunteer activities. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

8. Participant Not an Employee; I understand that (i) I am not an employee of ROC, (ii) that I will not be paid for my participation, and (iii) I am not covered by or eligible for any ROC or other insurance, health care, worker's compensation, or other benefits. I may choose at any time not to participate in an activity, or to stop my participation entirely with ROC.

Participant Signature

Date

Print Participant Name

Parent's/Guardian's Signature (if under 18)

Date

Parent's/Guardian's Name (if under 18)
