

Sign-In Sheet and Liability Waiver and Release Agreement for Southern Humboldt Community Park Activities

Waiver Terms

I hereby acknowledge my attendance at a Southern Humboldt Community Park (SHCP) event on the property of SHCP, and/or my participation performing volunteer efforts on behalf of SHCP, including but not limited to, office and special event assistance, tabling at community events, and other park-sanctioned events.

I am participating in this SHCP event at my own risk. I agree to release SHCP, its employees, and representatives (including volunteers) from liability and hold SHCP harmless in regard to any and all claims, indemnity, liabilities, suits, or expenses (hereafter collectively 'claim' or 'claims'), including claims caused or alleged to be caused by the negligence of SHCP (but not its gross negligence or intentional or reckless misconduct), for any injury, damage, death or other loss to me in any way connected with my participation in SHCP activities, entry on SHCP property, or my use of SHCP equipment or facilities. This release of liability applies to my legal successors in interest and any assigns.

If I am invited by SHCP to drive my personal vehicle onto the SHCP property, I do so at my own risk. I agree to have a valid driver's license in my possession, proof of insurance, and to release SHCP from any liability, indemnity or damage related to the use of my vehicle while on SHCP property.

Permission to Use Photographs and/or Video

I grant to SHCP, its representatives, and employees the right to take photographs/video of me and/or my property in connection with the SHCP event or volunteer activity I am attending. I authorize SHCP, its assigns, and transfers to copyright, use, and publish the same in print and/or electronically.

I agree that SHCP and/or its authorized representatives may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, online or social media content.

Signature

My signature below certifies that I understand the above agreements as initialed and this agreement supersedes all prior agreements, understandings and representations concerning my participation in any SHCP events. I understand that all the information below must be provided to participate in the event. Failure to provide all information and/or a valid signature may disqualify me from participating in the SHCP event(s).

NAME	CONTACT PHONE	ADDRESS	EMAIL	EMERGENCY CONTACT	SIGNATURE

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