

## CITY OF LONG BEACH VOLUNTEER

|   | ign the waiver and release of claim below.<br>your parent or guardian must also sign this form.  |
|---|--|
| Name:   | Date Of Birth:   |
| Home Address:   |  |
| Home Phone:   | Cell Phone   |
| School Attending:   |  |
| EMERGENCY CO  | <b>NTACT INFORMATION</b>   |
| Parent / Guardian Name:   |  |
| Parent / Guardian Address:  |  |
| Home Phone:   | Work Phone:  |
| RELEASE OF LIABILITY  |  |
| agents from all liability, claims or losses arisi<br>volunteer. I hereby waive the right to make a<br>or employees, for any injuries or damages,<br>might be sustained as a result of participat<br>activities. This waiver is given in partial con<br>Beach to participate in City activities. I furth<br>insurance for program participants. To the | he City of Long Beach, and it's officers, employees and<br>ing from or attributable to the minor's participation as a<br>any claim against the City of Long Beach, or its agents<br>charges or expenses, including attorney's fees, which<br>tion as a volunteer for the City of Long Beach or it's<br>hisderation for permission granted by the City of Long<br>her understand the City does not provide any form of<br>best of my knowledge my minor child has no medical<br>bility to participate or would endanger his/her health or |
|   | Date:  |
| Volunteer Signature   |  |
|   | Date:  |
| Parent/Guardian Signature<br>(If volunteer is a minor)  | Rev. 7/21/08 CLC:kjm A08-02023   |