

# Quakeville Community Exercise 2013

## Waiver, Release, Hold Harmless, and Agreement Not to Sue; Photo Release

I understand that I am participating on a voluntary basis without anticipation of financial remuneration. I hereby release, discharge, and agree not to sue the City of Palo Alto, its agents or employees for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in this event or the Emergency Services Volunteer (ESV) program and any activities related thereto from whatever cause, including the active or passive negligence of the City of Palo Alto or any other participants in the Emergency Services Volunteer (ESV) program. In consideration for being permitted to participate in the ESV program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Palo Alto, its agents or employees from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Emergency Services Volunteer (ESV) program and any activities related thereto. **I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

Further, I hereby irrevocably consent to the City, its employees, officials, agents, and representatives, for valuable consideration received, to use, authorize and assign unlimited permission to use, publish and republish for any purpose whatsoever, by the City, or anyone authorized by the City, of any and all photographs which you have taken of me, negative or positive or digital, without further compensation to me. All negatives and positives and digital images, together with the prints shall constitute the property of the City of Palo Alto.

Have you ever been convicted and/or placed on probation for any criminal* offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide dates & detailed information (including minor offenses).		

\*NOTE: Adult convictions only. Do not include minor traffic infractions or convictions more than two years old related to marijuana possession. DO include DUI or more serious convictions.

## CONDITION AND BACKGROUND CHECK:

I fully understand, acknowledge and agree to the following:

The City is under no obligation to accept or retain all interested volunteers -- volunteer assignments are "at will". I understand and agree that the City may decide to suspend, reassign or inactivate my volunteer status at any time and for any reason.

I acknowledge that I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits, or future employment from the City.

I authorize the Palo Alto Police Department/OES and its agents to conduct a background investigation, including a check of criminal records and other information regarding me that may be of a confidential or privileged nature. I understand that my submission of this application, whether mailed, or sent electronically by fax or email shall have the same force and affect as the original. I further authorize the Palo Alto Police Department/OES to use any original, fax or copy of this application for the purpose of authorizing the background investigation. By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Any or all of the following may be required before placement in any sensitive volunteer position:

- A. Background Investigation B. Fingerprinting C. Substance Abuse Testing D. DMV Check

All statements made on this application are true and authorization is given to investigate all matters contained in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name (First Middle Last) \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

*(if participant is under 18)*

Print Name \_\_\_\_\_

## Parental Consent & Medical Release

*(Required for participants under 18 years of age)*

I hereby allow my son/daughter to participate in this event in support of the Emergency Services Volunteer program. I agree to assume all risks for injuries arising out of my son/daughter's participation as a volunteer. I agree that the City of Palo Alto and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my son/daughter and/or property, incurred while participating as a volunteer. In the event that I cannot be reached in an emergency, I hereby give permission to the City or responding emergency medical staff to hospitalize and secure proper treatment for my child. I will assume all medical costs not covered by insurance.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_