



## Benicia Open Space Clean Up 2018

### WAIVER OF LIABILITY and PERMISSION FOR PUBLICITY

Thank you for volunteering to abate weeds in the City-owned Open Space near \_\_\_\_\_.  
You are required to wear appropriate protective gear such as long pants, closed toe shoes, and protective eyewear. You are responsible for providing the appropriate tools and disposing of any removed rubbish or vegetation. We appreciate your help in creating a defensible space!

In order to participate, you will need to complete the form below and return it to Benicia Fire Department, 150 Military West, PRIOR to commencing any work. Complete ONE form for EACH person volunteering. Minors are NOT permitted to perform this work.

Participant's Name: \_\_\_\_\_  
(Please Print)

I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold harmless, and release, waive and discharge the City of Benicia, its elected or appointed officers, officials, employees, agents and volunteers from and against any and all liability for any injury or property damaged which may be suffered by the above named participant(s) rising out of, or in any way connected with participation in the Benicia Open Space Clean Up, including injuries due to the active or passive negligence of the City, its officials, employees, agents and volunteers.

I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I UNDERSTAND THAT SEVERE INJURY OR DEATH CAN ARISE FROM PARTICIPATION IN THE BENICIA OPEN SPACE CLEAN UP. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED.

I grant full permission for the City of Benicia to use my name, likeness, voice, photographs or other media including quotations from me in accounts, reports or promotions related to any City of Benicia report or program including the Benicia Open Space Clean Up program or other program.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_