

CITY OF ROSEVILLE
VOLUNTEER'S RELEASE AND WAIVER OF ALL CLAIMS
INCLUDING PHOTOGRAPH RELEASE FOR SPECIAL EVENTS

My name is _____. I am over the age of 18. (If under 18 years old, a parent/guardian must also sign the release form.)

It is my intention to perform voluntary services without compensation for the City of Roseville as a:

(Volunteer Job Title)

(Department/Division)

I understand that I am not eligible for Workers' Compensation benefits in the event of injury, and I will not under any circumstances receive any other type of compensation. As a Volunteer your personal insurance, including health, automobile and liability insurance are in effect while acting within the scope and course of your assigned duties. The City provides excess insurance, which will cover expenses in excess of your personal insurance or will serve as primary insurance should you not have personal insurance coverage in place. Risk Management implements the City's insurance programs and will coordinate the processing of any claims made by Volunteers.

I have read the project description, and am aware of the possible hazard(s). I am aware that in volunteering I may incur personal injury and/or property damage. I desire to release the City of Roseville from any financial responsibility for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence of the City or its employees.

I understand and have been advised that I may have rights under Sections 1542 of the Civil Code of California which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I expressly waive any rights conferred under that code section, as well as any similar law of any state or territory of the United States. I release the City and all of its employees or officers, and waive all claims against them, for any personal injury (including death) and/or property damage I may incur as a volunteer, including damage incurred as a result of the negligence of any employee, agent, or servant of the City of Roseville.

No promise, inducement, or agreement has been made to me to induce me to release the City of Roseville from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise inducement, or agreement been made to me in return for the express waiver of rights referred to above.

I understand that if I act outside the scope, authority and/or policies and procedures of the City of Roseville, I could be subject to a lawsuit against me for which the City of Roseville will not defend. I also understand that I could be subject to monetary and/or property loss or, depending on the circumstances, imprisonment.

Further, I acknowledge that the Communications Division is responsible for producing and publishing a variety of newsletters, brochures, fact sheets, guides, flyers and other informational materials. The Communication Division is also responsible for COR-TV (City of Roseville Government Access Channels 14 and 74) and other city video production services.

I hereby irrevocably authorize the City of Roseville Communication Division or anyone authorized by the Communication Division or City Manager's Office to use, reproduce or publish any and all photographs or videotapes of me, which may be taken during my participation in a volunteer event, for any purpose, without compensation to me.

This Release and Waiver of all Claims is entered into this _____ day of _____ 20____, at Roseville, California.

Print Name (Volunteer): _____ Address: _____

Signature (Volunteer): _____ Telephone: _____

Print Name of Parent/Guardian, if under 18: _____

Signature of Parent/Guardian, if under 18: _____

Declaration of Witness: The above individual, in my presence, acknowledged that he/she had read and fully understood the meaning and consequences of the Release and Waiver of All Claims, and he/she signed it in my presence.

Print Name: _____ Date: _____ Signature of Witness: _____

**CITY OF ROSEVILLE
VOLUNTEER'S EMERGENCY INFORMATION
INCLUDING APPLICATION CERTIFICATION**

Emergency Information

Emergency Contact Name: _____ Phone: _____

Family Physician name: _____ Phone: _____

Are you under a physician's care? _____ If yes, please specify:

Are you taking any medication? _____ If yes, please list them:

Please list any allergies/existing medical conditions:

Allergies: _____

Existing medical conditions:

Application certification:

I hereby certify that all statements made in this release and in my online application are true and I authorize investigation of all matters contained herein and in my online application. I acknowledge that any false statements or misrepresentation on this release or any other part of my application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police or Fire Departments, and for any volunteer position that supervise vulnerable populations. I am aware that fingerprinting will be conducted for all volunteer positions that supervise vulnerable populations.

Signature of Application: _____ Date: _____

Interviewed by: _____ Date: _____

Department Referred to: _____ Representative: _____

Return completed forms to: City of Roseville
Volunteer Center
311 Vernon Street
Roseville, CA 95678

For additional Information, call Volunteer Center: 916-774-5205