



**PRESERVE PARTNERS
VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY
MIDPENINSULA REGIONAL OPEN SPACE DISTRICT**

<i>Name</i>		<i>Email</i>	
<i>Street Address</i>		<i>City</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone</i>	

I, _____, agree to serve as a volunteer of the Midpeninsula Regional Open Space District. I am 18 years of age or older. (Minors must have a parent or legal guardian complete and sign this Agreement). I hereby agree to the following:

1. I will comply with the District's Land Use Regulations, No. 93-1, regarding proper use of District land at all times.
2. I will adhere to the guidelines as set out during the District's "On Site Project Training" program.
3. It is my desire and intention to perform voluntary services for the Midpeninsula Regional Open Space District without compensation of any kind.
4. I am fully aware of the possible hazards of volunteering for the District and I am aware that in volunteering I may incur personal injury and/or property damage. I understand that my volunteer services may involve a variety of physical hazards, including but not limited to, the use of hazardous tools, poison oak, extremely rugged, uneven, steep or remote terrain, ticks, rattlesnakes and other natural and human-caused hazards.
5. I attest that I am physically fit, able and qualified to participate in this volunteer activity. I am participating in these activities with knowledge of the risks involved and I hereby agree to accept any and all risks of injury, death, and property damage.
6. **RELEASE OF LIABILITY:** I hereby release the District, its officers, employees, and agents from any claims, lawsuits, or actions I, my heirs, or legal representatives may have for any personal injury and/or property damage I may incur as a result of my volunteer services.
7. I will assume responsibility for, and indemnify the District for any injury to any person or damage to their property caused by me while I am serving as a District Volunteer.
8. I understand that, but for this release of liability, the District would not accept my offer of volunteer service.
9. I understand that my volunteer services may be terminated at anytime at the sole discretion of the District.
10. I understand that while I am performing authorized volunteer services for the District, the District will provide Worker's Compensation benefits to me in the event I am injured. Accordingly, I also understand and agree that my sole remedy for any injury to me while performing volunteer services for the District will be Worker's Compensation benefits, and that I will not receive any other type of compensation. I waive any other right or remedy I may have available to me for such injury.
11. I understand that my photograph may be used for District publications, presentations and/or media related purposes. I will inform the project leader at this and any future projects if I do not want my photo taken.

VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE OF LIABILITY AND AGREEMENT.

This release of liability is entered into this _____ day of _____, at _____, CA.

Name of Volunteer

Signature of Volunteer

- Please add me to the Volunteer email list.
- Please add me to the Midpen e-newsletter email list.

**IF VOLUNTEER IS A MINOR,
SIDE TWO MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN.**

Name of Minor: _____

Name of Parent or Legal Guardian: _____

Address: _____

Telephone: _____

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE OF LIABILITY AND AGREEMENT.

Signature of Parent or Guardian



MIDPENINSULA REGIONAL OPEN SPACE DISTRICT