

**INDEMNIFICATION AGREEMENT, LIABILITY RELEASE
AND ASSUMPTION OF RISK OF INJURY**

CITY OF SANTA ROSA - CREEK STEWARDSHIP PROGRAM

I, _____, am under/over (circle one) the age of 18. I have made a request for permission to assist in the City of Santa Rosa's Creek Stewardship Program to protect and enhance creeks.

The City of Santa Rosa (City) is willing to allow me to assist in the Creek Stewardship Program only if I agree to the following conditions:

I understand that my services are being offered on a voluntary basis without anticipation of any financial remuneration; and

Participation in the Creek Stewardship Program may result in work in and near: the public right of way, including busy streets; rough terrain; near swiftly flowing water; water, land, and debris that are possibly contaminated; vegetated areas with thorns, poisonous plants, overhanging branches and other hazards; areas inhabited by snakes, stinging and biting insects, and other potentially harmful animals; isolated areas out of the public's views; involving encounters with strangers; and that the above and other conceivable situations encountered near creeks could be dangerous. I freely, voluntarily and with this knowledge assume the risk of injury incurred in any way while participating in the Creek Stewardship Program.

IN CONSIDERATION FOR THE CITY ALLOWING ME TO PARTICIPATE IN THIS PROGRAM, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DEATH, PERSONAL INJURY, OR PROPERTY DAMAGE AGAINST THE CITY OF SANTA ROSA, ITS OFFICERS, AGENTS, AND EMPLOYEES, WHICH I MAY HAVE OR MAY ACCRUE AS A RESULT OF MY PARTICIPATION IN THE CREEK STEWARDSHIP PROGRAM. I UNDERSTAND AND AGREE THAT THIS WAIVER AND RELEASE INCLUDES CLAIMS OR DAMAGES CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES.

IN ADDITION, I AGREE TO INDEMNIFY THE CITY, ITS AGENTS, EMPLOYEES AND OFFICERS FROM ANY AND ALL LIABILITIES FOR CLAIMS, DEMANDS, DAMAGES OR ACTIONS WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN THE CREEK STEWARDSHIP PROGRAM AND RELATED ACTIVITIES.

I have read this form, and I understand it. I have voluntarily signed it.

CAUTION: THIS FORM IS A LEGAL DOCUMENT. READ IT IN FULL AND DO NOT SIGN IT UNLESS YOU UNDERSTAND IT AND AGREE TO ITS TERMS.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN: _____
(If Applicant Is A Minor)

WITNESS: _____
(Signature, Witness must be over the age of 18)

Witness Address _____

