

**HEAL THE BAY
WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK
(PLEASE READ CAREFULLY)**

I, _____, HEREBY CERTIFY THAT I AM AWARE OF THE INHERENT HAZARDS OF VOLUNTEER SERVICE AT HEAL THE BAY.

I agree as follows: 1. I am volunteering my services to Heal the Bay MPA Watch Volunteer program (“the program”) on a voluntary basis without anticipation of payment of any kind; 2. I will perform assigned tasks that are within my physical capability to the best of my ability, and I will not undertake tasks that are beyond my ability; 3. I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this voluntary activity, and I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely; 4. I acknowledge that I have received and read appropriate instruction regarding this Program, including appropriate safety and emergency procedures, and that I fully understand those instructions and that I agree, after proper inspection, to use only the supplies, tools and equipment provided by the Program organizers; 5. I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments; 6. I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk; and not as a City of Santa Monica or Heal the Bay employee, agent, official, officer or representative, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from Heal the Bay, Heal the Bay Aquarium, the City of Santa Monica or any Program promoter or sponsor, nor will I make any such claim.

I understand and agree that neither Heal the Bay, Heal the Bay Aquarium, the City of Santa Monica nor any other organizers or promoters or sponsors or property owners involved in this program, nor any of their respective employees, officers, agents or assigns, (hereinafter collectively referred to as “Released Parties”), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity, or as a result of product liability or the negligence of any party, including Released Parties, whether passive or active.

I understand that volunteer service involves certain inherent risks, including but not limited to, the risks of possible injury, infection or loss of life. Despite these risks, I still choose to proceed in such activity. I know of no physical limitation which should keep me from undertaking the activities associated with this Program. In Consideration for being allowed to participate in this activity, I hereby personally assume all risks in connection with the Program for any harm, injury or damage that may befall me as a participant, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of participation in this activity, including both claims arising during the activity and after I complete the activity.

If I should become injured while participating in the Program, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. I further declare that I am eighteen and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is a legally binding, and that I have signed this document of my own free act.

BY THIS INSTRUMENT I DO HEREBY EXEMPT AND RELEASE ALL “RELATED PARTIES,” AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Spelling of Participant’s Name Date Street Address Phone

Signature of Participant City, State, Zip

IF PARTICIPANT IS UNDER 18, THE PARENT(S) (OR GUARDIAN(S), IF ANY) MUST SIGN.

The above participant has my permission to participate in the Volunteer program. I have read and agree to the provisions stated above. I know of no health limitations which may restrict this volunteer’s participation in this activity.

Signature of Parent(s) or Legal Guardian(s) Date Street Address Phone

City, State, Zip

Signature of Parent(s) or Legal Guardian(s) Date Street Address Phone

City, State, Zip