



## SPECIAL PROJECT OR ACTIVITY SIGN-IN DURING THE COVID-19 STATE OF EMERGENCY (Individual)

DISTRICT/PARK UNIT	PROJECT	DATE OF PROJECT
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**EXPRESS ASSUMPTION OF THE RISKS, RELEASE FROM LIABILITY, INDEMNITY AND PHOTO/VIDEO RELEASE AGREEMENT**

***This document affects the participant's legal rights. The participant (or the parent/legal guardian if participant is a minor) must read and understand this document before signing the Special Project Volunteer Sign-In Sheet.***

The health and safety of volunteers to California's State Park System and all who take care of it is a priority to State Parks. As California continues to issue guidance on preparing and protecting California from the Coronavirus (COVID-19), California State Parks continues to monitor the situation closely and is following guidance provided by the Governor's Office via the [California Department of Public Health](#), the [Centers for Disease Control and Prevention](#) and [Governor's Office of Emergency Services](#) related to its operations and the health and safety of its employees, volunteers, and visitors.

Undersigned agrees as follows:

That I am volunteering my services for the above-described event on a voluntary basis without anticipation of payment of any kind;

That I will perform assigned tasks which are within my physical ability and that I will not undertake tasks that are beyond my ability or physical capability;

That I will perform only those tasks assigned, observe all safety rules and use care in the performance of my assignments;

That I acknowledge I am aware of the COVID-19 pandemic. I acknowledge that I am aware that COVID-19 is primarily spread person to person by people who are in close contact with one another, defined as within six (6) feet, through respiratory droplets passed by infected persons (who may or may not show symptoms);

That I currently do not have any COVID-19 symptoms identified by the Centers for Disease Control and Prevention (CDC), and I have no known recent exposure (14 days or less) to COVID-19 and I will immediately notify appropriate Department personnel as soon as possible should I develop any symptoms or receive knowledge that I have been exposed to COVID-19;

That I understand the CDC has identified persons at a higher risk for severe illness from COVID-19 include people 65 years and older and those with underlying medical conditions including but not limited to lung disease, heart conditions, immunocompromised, diabetes, and obesity;

I agree to follow procedures and policies established by California State Parks in consultation with health agencies to reduce the spread of COVID-19 and protect volunteers, employees and visitors;

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That I understand there are risks and hazards associated with my participation as a volunteer for California State Parks;

That I hereby release and discharge, agree to indemnify and hold harmless, the State of California, the Department of Parks and Recreation and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns, may have for any and all injuries and damages, known or unknown, caused by or arising out of the above-described activity;

That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a State of California employee, agent, official, officer or representative, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from the State of California or the Department of Parks and Recreation, nor will I make any such claim;

That I have read this agreement, waiver and release of claims and understand its terms and I voluntarily execute it with full knowledge of its significance.

**EXPRESS ASSUMPTION OF THE RISKS, RELEASE FROM LIABILITY, INDEMNITY AND PHOTO/VIDEO RELEASE AGREEMENT**

I HEREBY EXECUTE THIS AGREEMENT ON BEHALF OF MYSELF (AND MY CHILD). I DECLARE THAT I HAVE BEEN GIVEN FULL OPPORTUNITY TO READ BOTH PAGES OF THIS AGREEMENT, THAT I UNDERSTAND IT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY, FREELY AND KNOWINGLY, WITHOUT RELIANCE ON ANY REPRESENTATIONS OR OTHER STATEMENTS OF THE CO-SPONSORS OR OTHERS. I AGREE THAT THE TERMS OF THIS DOCUMENT ARE BINDING ON ME (AND MY CHILD), MY HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS (AND THE HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS OF MY CHILD).

PRINTED NAME OF PARTICIPANT <i>(Check Box if a Minor)</i>	PRINTED NAME OF MINOR'S PARENT OR LEGAL GUARDIAN	SIGNATURE OF PARTICIPANT OR PARENT/LEGAL GUARDIAN IF A MINOR	AREA CODE & TELEPHONE NO. (      )
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