



# EARTH DAY & ARBOR DAY VOLUNTEER APPLICATION



**SATURDAY, APRIL 21, 2018**  
**8:00 AM TO 12:00 PM**  
**PLANTING, CLEAN-UP AND GREEN EXPO**  
**AT CORDOVA PARK**

MR.     MRS.    PRINT FULL  
 MS.     DR.    LEGAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_



- INDIVIDUAL
- FAMILY
- GROUP *(PRINT FIRST & LAST NAMES OF PARTICIPANTS BELOW)*

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**EACH PARTICIPANT MUST SUBMIT A SIGNED WAIVER**

## PROGRAM

7:30 AM REGISTRATION  
8:00 AM PLANTING  
8:00 AM GREEN EXPO

**CORDOVA PARK**

## PLANTING

8:00 AM to 12:00 PM

**BRING TO THE EVENT:**

**HAT, GLOVES,  
BOOTS, SUNSCREEN, AND  
SHOVELS FOR LANDSCAPE RENOVATION**

City of Mission Viejo  
200 Civic Center  
Mission Viejo, CA 92691  
<http://cityofmissionviejo.org/green>

Contact: **Denise Matson**  
949.470.3010  
[greenmv@cityofmissionviejo.org](mailto:greenmv@cityofmissionviejo.org)  
949.581.5394 Fax





# 2018 EARTH DAY & ARBOR DAY WAIVER & PHOTO RELEASE



GROUP/AGENCY (IF RELEVANT): \_\_\_\_\_

MR.  MRS. *PRINT FULL*  
 MS.  DR. LEGAL NAME: \_\_\_\_\_ UNDER AGE 18?  YES  NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  HOME  CELL

INDIVIDUAL COMPLETING FORM: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

## ALL PARTICIPANTS MUST SIGN THIS SECTION

### WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, \_\_\_\_\_ (*Print Full Name*), fully understand that my participation in the **2018 Earth Day & Arbor Day Event and Green Expo** (hereinafter "event/class") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Mission Viejo for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City of Mission Viejo or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify, defend, and hold harmless the City of Mission Viejo from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

\_\_\_\_\_  
Signature (*Parent or Guardian Signature if under age 18*) Date: \_\_\_\_\_

### DECLARATION

(Required for volunteers under 18 years of age in order to participate)

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of Minor. I further declare that I shall indemnify, defend, and hold harmless the Indemnified Parties from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

I hereby allow my son/daughter to participate in the **Earth Day/Arbor Day Event and Green Expo**. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration.

\_\_\_\_\_  
Signature (*Parent or Guardian Signature if under age 18*) \_\_\_\_\_  
Print Full Name \_\_\_\_\_  
Date \_\_\_\_\_

### Medical Release

In the event that I cannot be reached in an emergency, I hereby give permission to the emergency medical staff selected to hospitalize and secure proper treatment for my child and I will assume all medical costs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

City of Mission Viejo  
200 Civic Center  
Mission Viejo, CA 92691  
<http://cityofmissionviejo.org/green>



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