



City of Mission Viejo

Library & Cultural Services Summer Reading Program Teen Volunteer Application

Applications are accepted at any library service desk.

Full Name: _____

Birthdate: ____/____/____ Must be 13 at start of the Summer Reading Program.

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Relationship to volunteer: _____

RELEASE & WAIVER OF PARTICIPANT

Waiver, Release, Hold Harmless and Agreement Not to Sue. I hereby choose to participate as a City of Mission Viejo (“City”) Volunteer. I am aware that this volunteer assignment may present risk of personal injury, death, communicable diseases, viruses, illnesses, and/or property loss or damage. I hereby acknowledge that I am voluntarily participating as a volunteer for the City and agree to assume any such risks. As a **Mission Viejo Library Summer Reading Program** volunteer for the City, I hereby release, discharge, and agree not to sue the City for any injury, death, or damage to or loss of personal property arising out of, or in connection with my participation in the **Mission Viejo Library Summer Reading Program** from whatever cause, including the active or passive negligence of the City or any other participants in said program. 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 above-mentioned program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City, its officers, officials, employees, agents, and volunteers from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the **Mission Viejo Library Summer Reading Program**. I hereby irrevocably give consent to the City, its employees, officers, officials, agents, and representatives to use, authorize and assign unlimited permission to use, publish, and republish for any purpose whatsoever by the City, or anyone authorized by City, any and all photographs, which the City, its employees, officers, officials, agents, or representatives have taken of me, negative or positive, without further compensation to me. All photographs, including negatives, prints, and digital storage of such shall constitute the property of City.

I HAVE CAREFULLY READ THIS 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 OF MY OWN FREE WILL.

Signature of Participant: _____ Date: _____

PARENTAL CONSENT

I, _____, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of the above-mentioned Minor. I hereby allow my child, to participate in the **Mission Viejo Library Summer Reading Program**. I understand that services are being offered on a voluntary basis without anticipation of financial enumeration. I agree to assume all risk for injuries arising out of my child’s participation as a volunteer for the City. I acknowledge the above release and waiver of participant and agree with its contents. I agree that the City, and its officers, officials, employees, agents, and volunteers shall NOT be responsible or liable for any injury, damage, loss or expense to my child and/or mine or my child’s property incurred during my child’s participation as a volunteer. I further declare that I shall indemnify, defend, and hold harmless the City, its officers, officials, employees, agents, and volunteers from and against any and all Claims resulting from, incident to, or arising out of my child’s participation as a volunteer for the City of Mission Viejo, 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.

Parent Name (Please print): _____

Signature of Parent: _____ Date: _____

MEDICAL RELEASE

In the event of 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: _____ Date: _____