



## Volunteers Waiver of Liability

Name: \_\_\_\_\_ Date: \_\_\_\_\_

In case of Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Placer Nature Center** and its staff do their absolute best to assure the safety and security of all participants in any or all programs and volunteer activities. However there is a certain amount of risk inherent in participating in any outdoor activity.

I agree not to hold **Placer Nature Center** and its employees responsible for any liability resulting from negligence on my part or other not employed by or representing **Placer Nature Center**.

Furthermore, I agree not to hold **Placer Nature Center** responsible for any expenses, claims, or losses over and above its equitable share of liability or for any amount in excess of actual economic damage.

I also confirm that I have no reason due to health or other conditions that would negatively impact my ability to participate in this program and accept as my personal risk the hazards of participating in this program and its corresponding activities.

I am aware that I will not receive any compensation for my services. I also understand that I am not covered for medical benefits under worker's compensation insurance.

I accept these conditions:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

As parent/legal guardian, I give permission for this under-aged individual to volunteer with **Placer Nature Center** and comply with the above Waiver of Liability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_