

Title:	Date of event:
Leader(s):	Location:

*For insurance purposes, this volunteer/participant contract must be filled out and returned no later than the first day of volunteer work/participation in event.
This form must be filled out by an adult over 18 years of age.*

I hereby release, indemnify, and hold harmless the County of Marin, its officers, agents, and employees from any and all claims, liabilities, or cause of action, including claims for injuries, death to persons and damage to persons or property arising out of or in connection with all of its activities.

I hereby consent to the use of photographs of me or my child taken during Marin County Parks events or activities for the business and or publicity purposes of the County of Marin. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I understand that participation offers no remuneration. Your personal information shall not be shared.

GENERAL INFORMATION

Participant/Volunteer	
Parent or Legal Guardian	
Address	
E-Mail	
Phone	

EMERGENCY CONTACT

Name: _____

Phone: _____

SIGNATURES

Volunteer (signature) Date

Parent or Legal Guardian (Signature) Date