

FOR PARTICIPANT OF MARTIN LUTHER KING JR. EVENT Date of Event: <u>Jan. 21, 2019</u>

WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Participant/Organization Name (please print)	Phone
Address	E-mail
	City of Santa Cruz
City, State and Zip Code	Location of Event
allowing the above-named Participant to participate is	Cruz Police Department (hereinafter known as, "City") n the Martin Luther King Jr. Parade (hereinafter known as agrees on behalf of myself, my organization, my employees, wing:
and all risks, known or unknown, including the risk of assert any claim, institute any suit or other legal process.	vent, Participant voluntarily agrees to accept and assume any of injury, property damage, or death. Participant agrees not to ess against the City, its officers, officials, employees, agents or in any way related to participation in the above-referenced
employees, agents and volunteers from and against al costs) for injury, death or damage resulting from or in	narmless and indemnify the City, its officers, officials, ll actions, claims, or demands (including attorney fees and n any way related to participation in the above-referenced nts, or minor child/guardian, to the fullest extent permitted by
Authorization for Use of Photos/Videos: Participant authorizes the City to use photographs and agents, and/or minor child/guardian at the Event for r	d/or videos taken of Participant, Participant's employees, reproduction in any medium for any lawful purpose.
ITS CONTENTS. I FURTHER CERTIFY MY UND A RELEASE OF ALL CLAIMS AGAINST THE CIMENTIONED IN THE AGREEMENT. I FURTHER OF THIS AGREEMENT I AM VOLUNTARILY AS CHILD'S (GUARDIAN'S) PARTICIPATION IN THAT I AM VOLUNTARILY SIGNING MY NAM	Y READ THIS AGREEMENT AND FULLY UNDERSTAND PERSTANDING THAT THIS AGREEMENT CONSTITUTES TY OF SANTA CRUZ AND AGAINST ALL OTHERS INDERSTAND AND CERTIFY THAT BY EXECUTION SSUMING ALL RISK INHERENT IN MY AND/OR MY HE ABOVE-REFERENCED EVENT. I ACKNOWLEDGE IE TO THIS AGREEMENT AND BY DOING SO AM YSELF, MY CHILD, MY HEIRS, EMPLOYEES, AGENTS, AND ASSIGNS.
Signature of Participant:(Parent/or Guardian Must Signature of Participant:	Date: gn if Minor – under 18)

Print Name of Parent/or Guardian: