



**AMERICAN RIVER
PARKWAY FOUNDATION**

*Preserving the legacy
through community stewardship*

American River Parkway Foundation

5700 Arden Way, Carmichael, CA 95608
phone: 486-2773 fax: 486-2779 e-mail: info@arpf.org

YOUTH PERMISSION AND WAIVER OF LIABILITY

I, the undersigned volunteer, or the parent or legal guardian of the minor volunteer, understand, acknowledge, and agree that in consideration of being allowed to participate in the Adopt the Parkway program:

1. I waive any and all claims for injury or damage against the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, and the sponsoring agency (volunteer group), which I or my child may incur while participating in this program.
2. I assume the risk for any and all injuries or damage, which I or my child may incur while participating in this program.
3. I waive any and all claims for workers' compensation coverage, and indemnification and defense for tort liability, against the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, which I, or my child, may have as a result of participating in this program.
4. I am fully responsible for any damage or injury which I or my child may cause to private property or to other persons, intentionally or negligently, while participating in this program, and agree to indemnify the American River Parkway Foundation and the County of Sacramento, their officers, agents, and employees, and the sponsor of this project, for any expenses or costs caused by my actions or the actions of my child.

Please Print:

Group Name (Volunteer Steward): _____

Volunteer's Name: _____ Age (if under 18): _____

Parent/Legal Guardian's Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____
(Parent or Legal Guardian)

IF UNDER 18 ,WAIVER MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN .

Group Leader: Please forward a copy of this completed form to the American River Parkway Foundation.