

VOLUNTEER

AT THE SANTA CLARA
YOUTH ACTIVITY CENTER

CHILDREN'S HALLOWEEN PARTY

WEDNESDAY
OCT. 30TH

5:00-8:00 P.M.

Come volunteer from 5:00-8:00 p.m. Wednesday, October 30, 2019 at the Walter E. Schmidt Youth Activity Center for our Annual Children's Halloween Party Set-up.

Volunteer Qualifications

- *High School Students*
- *13 years or older*

Volunteers will assist with the set-up of our Annual Halloween Children's Party.

THURSDAY
OCT. 31ST

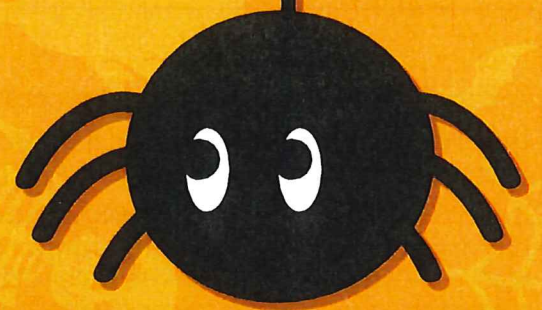
2:00-7:00 P.M.

Come volunteer from 2:00-7:00 p.m. Thursday, October 31, 2019 at the Walter E. Schmidt Youth Activity Center for our Annual Children's Halloween Party!

Volunteer Qualifications

- *Middle School Students*
- *High School Students*
- *13 years or older*

Volunteers will assist the day of the event by helping out with carnival games, Trick or Treat houses in our 'YAC neighborhood', help manage our inflatable jumpers, and assist our elementary school kids with a spooktacular arts & crafts project!



SIGN UP AT THE YAC!

VOLUNTEER ASSIGNMENTS WILL BE CONFIRMED
BY OCTOBER 28TH

For more information call the
Santa Clara Youth Activity Center
408-615-3760



City of
Santa Clara

RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees, the Santa Clara Unified School District, its School Board, officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION IN THIS CATALOG OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement. Adults participating in Parent-Child Activities must sign below as adult participants in addition to the parent portion of this release Agreement.

Date: _____

ADULT PARTICIPANTS, INCLUDING THOSE PARTICIPATING IN PARENT-CHILD CLASSES, SIGN BELOW

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

PARTICIPANTS, AGE 13-17, SIGN BELOW

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK

To be completed by parent or guardian of minor participants:

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in recreation. In the event I or said minor requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid.

I will pay for all medical treatment which I or said minor may require. I hereby grant permission to City to include pictures and/or video of me and/or said minor during department activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Please indicate whether you are signing as: Parent Guardian