

## **WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE**

I, the undersigned, on my behalf and on behalf of my child named below, hereby acknowledge that my child and I desire to voluntarily participate in the event held at the San Gabriel Mission Playhouse (hereinafter "Event"). I fully understand and acknowledge that participation in the Event exposes me and/or my child to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT AN INHERENT RISK OF EXPOSURE TO COVID-19 EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT. I EXPRESSLY AGREE TO ACCEPT AND ASSUME ANY SUCH RISKS ON BEHALF OF MYSELF AND MY CHILD.

I hereby release, discharge and agree not to sue the City of San Gabriel (hereinafter "City") or any of its officers, employees, agents and volunteers for any injury, death or damage to person or property, or for any loss of personal property arising out of, or in connection with, my and/or my child's participation in the Event from whatever cause, including the active or passive negligence of the City, its officers, employees, agents and/or volunteers or any other participants in the Event.

In consideration for me and my child being permitted to participate in the Event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City and its officers, employees, agents and volunteers from any and all claims, demands actions or suits arising out of or in connection with my and/or my child's participation in the Event.

I am and my child is physically able to participate in this Event. I acknowledge that NO MEDICAL INSURANCE IS PROVIDED by the City for the Event. I authorize the City to provide or cause to be provided such medical treatment as may be necessary or appropriate if any injury occurs to me and/or my child while participating in the Event. I agree to pay for any medical treatment that I and/or my child may require while involved in this Event.

I hereby consent to the use of photographs depicting me and/or my child in City printed materials and/or website.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

As Parent or Guardian