

**CITY OF ROSEVILLE**  
**VOLUNTEER'S RELEASE AND WAIVER OF ALL CLAIMS**  
**INCLUDING PHOTOGRAPH RELEASE FOR SPECIAL EVENTS**

My name is \_\_\_\_\_. I am over the age of 18. (If under 18 years old, a parent/guardian must also sign the release form.)

It is my intention to perform voluntary services without compensation for the City of Roseville as a \_\_\_\_\_  
(Volunteer Job Title)

I understand that I am not eligible for Workers' Compensation benefits in the event of injury, and I will not under any circumstances receive any other type of compensation. As a Volunteer your personal insurance, including health, automobile and liability insurance are in effect while acting within the scope and course of your assigned duties. The City provides excess insurance, which will cover expenses in excess of your personal insurance or will serve as primary insurance should you not have personal insurance coverage in place. Risk Management implements the City's insurance programs and will coordinate the processing of any claims made by Volunteers.

I have read the project description, and am aware of the possible hazard(s). I am aware that in volunteering I may incur personal injury and/or property damage. I desire to release the City of Roseville from any financial responsibility for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence of the City or its officers, agents, employees and volunteers.

I understand and have been advised that I may have rights under Sections 1542 of the Civil Code of California which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I expressly waive any rights conferred under that code section, as well as any similar law of any state or territory of the United States. I release the City and all of its officers, agents, employees and volunteers, and waive all claims against them, for any personal injury (including death) and/or property damage I may incur as a volunteer, including damage incurred as a result of the negligence of any officer, agent, employee or volunteer of the City of Roseville.

No promise, inducement, or agreement has been made to me to induce me to release the City of Roseville from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise inducement, or agreement been made to me in return for the express waiver of rights referred to above.

I understand that if I act outside the scope, authority and/or policies and procedures of the City of Roseville, I could be subject to a lawsuit against me for which the City of Roseville will not defend. I also understand that I could be subject to monetary and/or property loss or, depending on the circumstances, imprisonment.

Further, I acknowledge that the Public Information Officer is responsible for producing and publishing a variety of newsletters, brochures, fact sheets, guides, flyers and other informational materials. The Media Division is responsible for Government Access Channel 14 and other city video production services.

I hereby irrevocably authorize the City of Roseville Public Information Officer or anyone authorized by the Public Information Officer or Media Division to use, reproduce or publish any and all photographs or videotapes of me, which may be taken during my participation in a volunteer event, for any purpose, without compensation to me.

This release and Waiver of all Claims is entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, at Roseville, California.

Print Name (Volunteer): \_\_\_\_\_ Address: \_\_\_\_\_

Signature (Volunteer): \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Name of Parent/Guardian, if under 18: \_\_\_\_\_

Signature of Parent/Guardian, if under 18: \_\_\_\_\_

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**DECLARATION OF WITNESS**  
**(Required when court ordered community service is conducted)**

The above individual, in my presence, acknowledged that he/she had read and fully understood the meaning and consequences of the Release and Waiver of All Claims, and he/she signed it in my presence.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

**CITY OF ROSEVILLE**

**VOLUNTEER'S EMERGENCY INFORMATION  
INCLUDING APPLICATION CERTIFICATION**

Emergency Information

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you under a physician's care? \_\_\_\_\_ If yes, please specify:  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If yes, please list them:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies/existing medical conditions:

Allergies: \_\_\_\_\_

Existing medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

**Application certification:**

**I hereby certify that all statements made in this release and in my online application are true and I authorize investigation of all matters contained herein and in my online application. I acknowledge that any false statements or misrepresentation on this release or any other part of my application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer position. I am aware that fingerprinting will be conducted for all volunteer positions that supervise vulnerable populations.**

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Referred to: \_\_\_\_\_ Representative: \_\_\_\_\_

Return completed forms to: City of Roseville  
Volunteer Center  
311 Vernon Street  
Roseville, CA 95678

For additional Information, call Volunteer Center: 916-774-5207