



**CITY OF MOORPARK  
ADULT VOLUNTEER  
INFORMED CONSENT AND RELEASE**

City of Moorpark  
799 Moorpark Avenue  
Moorpark CA 93021

**Event or Activity:** \_\_\_\_\_

**Date (or Schedule):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**INFORMED CONSENT AND RELEASE:** I, the undersigned, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this volunteer activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and, understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health condition which would hinder or prevent my active participation in the volunteer activity.

**PLEASE NOTE: The City of Moorpark strongly recommends that each volunteer participant have some type of accident medical insurance for his/her own protection.** The City of Moorpark does not provide medical insurance for volunteers. The City of Moorpark does provide Workers' Compensation coverage for selective City volunteers, pursuant to the provisions of Section 3363.5 of the Labor Code, during the time the designated volunteer actually performs volunteer services on behalf of the City of Moorpark. **The currently designated selective City volunteers that are provided with Workers' Compensation coverage are Police volunteers, youth basketball coaches, Senior Nutrition Program drivers, and disaster workers. No Workers' Compensation coverage is provided by the City of Moorpark for non-designated volunteers.**

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

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_