

CITY OF MOORPARK MINOR VOLUNTEER* INFORMED CONSENT AND RELEASE

City of Moorpark 799 Moorpark Avenue Moorpark CA 93021

Event or Activity:	
Date (or Schedule):	
Location:	
all risk of injury or loss which may result volunteer activity and hereby AGREE TO AND FOREVER DISCHARGE the City of It past and present, from any and all acts of which the undersigned, any third person, have against the City of Moorpark, or it present, by reason of any accident, commof any person or persons, or damage to odirectly or indirectly from participation in participation, or any time subsequent the and assumption of risk for my heirs, emembers. I agree and acknowledge that exercise or activity, and understanding participant has no medical, physical, me or prevent active participation in the volunte PLEASE NOTE: The City of Moorpark state have some type of accident medical Moorpark does not provide medical insur Compensation coverage for selective City of the Labor Code, during the time the de on behalf of the City of Moorpark. The provided with workers compensation covers Senior Nutrition Program drivers, and disast provided by the City of Moorpark of volunteers, such as those students participational skill training programs.	rongly recommends that each volunteer participant insurance for his/her own protection. The City of ance for volunteers. The City does provide Workers' volunteers, pursuant to the provisions of Section 3363.5 signated volunteer actually performs volunteer services currently designated selective City volunteers that are rage are Police volunteers, youth basketball coaches, ter workers. No Workers' Compensation coverage is or non-designated volunteers, including student rticipating in the Moorpark Unified School District's the Ventura County Superintendent of Schools Office
Volunteer Name (PRINT):	
Date of Birth:	
Address:	
City:	Zip:
Home Phone No.:	Cell Phone No.:
Email Address:	
Parent's Name (PRINT):	
Parent/Guardian's Signature*:	Date: