



**NORTH VALLEY COMMUNITY FOUNDATION**  
**Participant Liability Waiver, Assumption of Risk and Indemnification Agreement**

In return for being permitted to participate in the following event being sponsored by North Valley Community Foundation (NVCF), the undersigned agrees to the provisions herein.

Event name: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

- I attest that I am physically fit to participate in this event and agree to abide by the rules and regulations of it.
- I assume all risks associated with participating in this event including, but not limited to injuries, falls, contact with other participants, the effects of weather, traffic and surface conditions, all such risks being known and appreciated by me and hereby waive and release NVCF, its directors, employees, volunteers and any and all persons, sponsors and entities, their representatives and successors from any and all liability or responsibility for injuries and/or property damage which I may sustain during the event or during my travel to or from the event, though said liability may arise out of negligence or carelessness on the part of the persons named above. In addition, I agree to defend and indemnify NVCF and any and all persons, sponsors and entities, their representatives and successors named above from any claim or action filed by a third party due to my actions in this event.
- This Agreement covers myself (including all heirs, executors, or administrators) and is given in consideration of acceptance of my registration/entry into the event. In addition, I agree to defend and indemnify NVCF from any claim or action filed by a third party due to my actions in this event.
- This Agreement shall be governed by the laws of California and is intended to be as broad as permitted by law. If any portion of the Agreement is held invalid, the remaining portions will continue to have full legal force and effect.

**IF PARTICIPANT IS A MINOR:** This is to certify that my child has permission to participate in this event and I hereby certify that to the best of my knowledge and belief said minor is in good health. I hereby give permission to event officials to secure emergency treatment for my child. I consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I have read and fully understand this Liability Waiver, Assumption of Risk and Indemnification Agreement.

Printed name of Participant or Parent/Guardian of a minor \_\_\_\_\_

Signature of Participant or Parent/Guardian of a minor \_\_\_\_\_

Dated \_\_\_\_\_

I further grant full permission to NVCF and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

Printed name of Participant or Parent/Guardian of a minor \_\_\_\_\_

Signature of Participant or Parent/Guardian of a minor \_\_\_\_\_

Dated \_\_\_\_\_