

City of Pasadena
Polyphagous Shot Hole Borer Tree Assessment Project
RELEASE & WAIVER

Minors under 18 years must have a parental release & waiver signed before participation as a volunteer.

PARTICIPANT _____

ADDRESS _____

CITY _____ ZIP _____

PHONE (____) _____ HOME (____) _____

***EMERGENCY CONTACT INFORMATION:**

<i>Contact Person</i>	<i>Relationship</i>	<i>Phone</i>
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The above person or child has my permission to participate in duties assigned as a Volunteer for the City of Pasadena Department of Public Works *for inventorying trees in the Arroyo Seco from **October 1, 2014 through December 31, 2014.*** I understand that the activities in which me/my child will be participating during this volunteer inventorying project presents hazards and that I/my child (or child for which I am responsible), may suffer severe injuries while participating in this activity which may include great bodily injury, loss of limbs, and even death as I/my child is volunteering to catalog trees in the Arroyo Seco area, which will include but not be limited to the following: Walking and hiking on hazardous, off-trail, varied, terrain; walking under dead and dying branches; walking around bees, other insects, poison oak, muddy soils, in hot and dry conditions. The Arroyo Seco area is not closely monitored for hazards that may be present. In consideration for allowing for me my child to participate in this project, I agree to assume all risks for injuries arising out of his or her participation as a volunteer. I agree that the *City of Pasadena* and all employees, officials, agents, representatives and sureties of the City shall **NOT** be responsible or liable for any injury, damage, loss or expense, to me/my child's person and/or property, incurred while working as a volunteer.

I give permission for me/my child to be photographed or videotaped while participating for future publication by the City of Pasadena: Yes _____ No _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the City staff to hospitalize and secure proper treatment for myself or child. If an ambulance is needed, the City staff has my permission to call one. Medical expenses will be my responsibility.

_____ Signature of Parent or Guardian	_____ Relationship to Participant	_____ Date
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***Please note: If you or your child will be volunteering on more than one date, please verify that the emergency contact information is correct for each date of participation. We must have accurate emergency contact information on site at all times.**