

**VOLUNTEER RELEASE**

**City of Pacifica  
Public Works Department  
151 Milagra Drive  
Pacifica, CA, 94044  
Phone: (650) 738-3767  
Fax: (650) 738-3003**

**Liability Release and Permission for Emergency Medical Treatment**

I understand that my services are being offered on a voluntary basis without anticipation of any financial remuneration. I hereby waive, release and discharge any and all claims for death, personal injury and property damage against the City of Pacifica, its officers, agents and employees, which I may have or which may accrue as a result of my participation in the Adopt-a-Landscape Program. I understand and agree that this waiver and release includes claims or damages caused in whole or in part by the negligent acts or omissions of the City, its officers, agents and employees.

I give my permission for the City to seek emergency medical treatment on my behalf and designate an emergency contact below.

Volunteer Name: \_\_\_\_\_

Volunteer Activity: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

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

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Each participant must complete this form.*