



VENTURA COUNTY WELLNESS PROGRAM WAIVER AND RELEASE FORM

I am participating on a voluntary basis in this Ventura County Wellness Program's **"2020 Spring Hiking Series"**. My participation is on my own time and this activity is not work-related or work-required.

I understand that recreational/athletic activities may result in injuries to the participants. I believe that I am in good enough health to safely participate in this activity. I understand and acknowledge that there are risks associated with my participation in this activity and that it is my responsibility not to exceed the guidelines that my physician or other healthcare provider has established or may establish for me. I am voluntarily participating in the activity with the knowledge that injury may result.

I understand that the County of Ventura may not be liable for payment of Workers' Compensation benefits for any injury which arises out of my participation in this off-duty recreational, social, or athletic activity.

For and in consideration of my ability to participate in this activity, on behalf of myself, and my heirs, agents, executors and administrators, I waive and release all present and future rights and claims that I now have or may hereafter have against the County of Ventura and its Board of Supervisors, officers, agents, employees, representatives, successors, and assigns for personal injury, property damage, loss of property or wrongful death as a result of my participation in this activity, other than losses caused solely by the negligence or wrongful conduct of the County of Ventura and its agents and employees. As to such released claims, I expressly waive all rights I may have under section 1542 of the California Civil Code, which provides as follows:

"A general release does not extend to claims which the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her, would have materially affected his or her settlement with the debtor or released party."

By signing below, I represent and warrant that I have read this waiver release and understand its contents

Name (please print)

*Signature**

Date

*(*if participant is a minor, parent or legal guardian must sign on their behalf)*