

Welcome to the Tijuana River National Estuarine Research Reserve!

Adult Volunteers (18 and older)



Please fill out **highlighted** sections on **BOTH** sides of this form.

Forms include:

1. California State Parks Volunteer Agreement, Waiver and Release of Claims
2. California State Parks Visual Media Consent

Thank you for your cooperation.

	State of California - The Resources Agency DEPARTMENT OF PARKS AND RECREATION		
	SPECIAL PROJECT OR ACTIVITY SIGN-IN		

UNIT/LOCATION Tijuana River National Estuarine Research Reserve	ACTIVITY/PROJECT .	LEADER Bronti Patterson	DATE(S) OF ACTIVITY/PROJECT .
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AGREEMENT, WAIVER AND RELEASE OF CLAIMS (To be read aloud to the group)

The undersigned agrees as follows:

1. That I am volunteering my services for the above-described event on a voluntary basis without anticipation of payment of any kind;
2. That I will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability;
3. That I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely;
4. That I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments;
5. That I understand there are risks and hazards associated with my participation;
6. That I hereby release and discharge, agree to indemnify and hold harmless, the State of California, the Department of Parks and Recreation, and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns, may have for any and all injuries and damages, known or unknown, caused by or arising out of the above-described activity;
7. That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a State of California employee, agent, official, officer or representative, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from the State of California or the Department of Parks and Recreation, nor will I make any such claim;
8. That I have read this agreement, waiver and release of claims, and understand its terms, and I voluntarily execute it with full knowledge of its significance.

SIGNATURE	PRINTED NAME	EMAIL ADDRESS	VOLUNTEERED HERE BEFORE?
			Y or N

FOR HEADQUARTERS USE ONLY

State of California - Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

VISUAL MEDIA CONSENT

PRIVACY RIGHTS AND USE OF INFORMATION


I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented, in perpetuity, and in all languages throughout the world. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA (print)

By signing this form I hereby certify that I am the subject and/or parent or legal guardian of the person(s) under 18 years of age named above and I hereby sign this consent form on behalf of myself and/or such person(s) in accordance with the statements above.

SIGNATURE OF SUBJECT AND/OR PARENT/LEGAL GUARDIAN		PRINTED NAME	PHONE NUMBER
			()
ADDRESS	CITY/STATE/ZIP CODE		E-MAIL ADDRESS

FOR DEPARTMENT USE ONLY

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED (print)		UNIT NO.
PHOTOGRAPHER'S NAME AND TITLE (print)	DATE VISUAL MEDIA CREATED	

IMAGE NUMBERS
