



## City of Yucaipa



### Agreement and Release Regarding Voluntary Services for Affiliated CERT Program

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the Affiliated CERT Program with the City of Yucaipa. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that the City of Yucaipa's policy is to cover volunteers as employees of the City for the purposes of Workers' Compensation Benefits. I also understand that under Workers' Compensation Laws, Workers' Compensation Benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation Benefits as described above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Yucaipa, its officers, employees, or agents for injury or damage resulting from negligence, howsoever caused by any officer, employee, or agent of the City of Yucaipa as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Yucaipa, its officers, employees, or agents from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

#### I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS

Volunteer Name (PRINT) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Name (PRINT) \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_