SPONSORING GROUP OR ORGANIZATION (Include name, address, zip code, and telephone number.)

SPONSORING GROUP OR ORGANIZATION LIAISON (Include name, address, zip code, and telephone number.)

PERSON FROM SPONSORING GROUP OR ORGANIZATION TO BE NOTIFIED IN AN EMERGENCY (Include name, address, zip code, and telephone number.)

PROJECT DESCRIPTION (If more space is needed, continue on reverse.)

AGREEMENT BY THE GROUP OR ORGANIZATION

We agree to volunteer our services to accomplish the work described above to assist the California Department of Parks and Recreation, hereafter known as the Department, with the following conditions:

* Roster: We agree to provide the Department with an attendance roster including name, address, and phone number of participants.

* Juveniles: Our group represents that if juveniles (under age 18) are participating, we assume all responsibility for obtaining formal parental/guardian consent for their attendance and participation.

* Waiver of Liability and Hold Harmless Agreement: We understand and acknowledge that the Department does not provide insurance coverage for recognized volunteer groups or for the volunteer activities encompassed by this agreement. We accept the responsibility for providing accident insurance and/or workers’ compensation coverage for the individuals participating in this volunteer activity, and if requested, agree to provide evidence of insurance coverage. We agree to indemnify and hold harmless the Department and its employees, officers, sponsors, and agents, from any claim for injury or damages to any person arising out of or in any way connected to this volunteer activity.

* Termination: Either we, or the Department, may terminate this agreement, at any time, by notifying the other party in writing.

GROUP/ORGANIZATION REPRESENTATIVE’S SIGNATURE AND PRINTED NAME TITLE DATE

AGREEMENT BY THE DEPARTMENT OF PARKS AND RECREATION

The Department accepts this offer, and agrees, while this agreement is in effect, to provide technical guidance and such materials and supplies, equipment, and facilities as are needed and are available to accomplish this project, except as may be specified in an attachment.

DEPARTMENT REPRESENTATIVE’S SIGNATURE DATE

 THIS AGREEMENT WAS □ COMPLETED □ TERMINATED ON (Date) □

DEPARTMENT REPRESENTATIVE’S SIGNATURE DATE