ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Activity: Landfill Visit Organization Name:_____ Date:_____

Location of Activity/Event: Prima Deshecha Landfill, 32250 La Pata Avenue, San Juan Capistrano, CA 92675

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY/EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I understand this tour is a of an active landfill which has potential dangers including but not limited to large earthmoving equipment, land subsidence, steep grades, landfill gases, fire and explosion.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the County of Orange, and that it will govern my actions and responsibilities at said activity/event and without this waiver and release the County of Orange would not permit this activity/event.

In consideration of my application and permitting me to participate in this activity/event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I hereby WAIVE, RELEASE, AND DISCHARGE the County of Orange and its supervisors, officers, employees, and agents (collectively, the "County") from any and all liability, including but not limited to, liability arising from the negligence or fault of the County, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity/event, and waive all claims and recourse against the County including the right of contribution for loss or damage of persons or property arising from, growing out of or in any way connected with or related to this activity/event.

I hereby agree to INDEMNIFY, HOLD HARMLESS, and PROMISE NOT TO SUE the County from any and all liabilities or claims made as a result of participation in this activity/event, whether caused by negligence or otherwise.

I understand that participation in this activity/event is strictly voluntary and I freely chose to participate.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity/event. I understand that the County does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Adult Waiver Signature

_____ _____

Print Adult Participant's Name | Adult Participant's Signature | Date

Parent/Guardian Waiver Signature for Minors (under 18 years old)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each the County of Orange from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon the County of Orange because of any defect in or lack of such capacity to so act and release the County of Orange on behalf of the minor and the parents or legal guardian.

Print Minor Participant's Name and Age | Print Parent or Guardian Name | Signature of Parent or Guardian | Date

Revised 04-2016