



Release of Liability Form-Individual
Delta Water Supply Project

I, the undersigned, _____, do hereby agree to
(printed name of participant)

_____ to be held on _____.
(Activity) (Date)

I, the undersigned, voluntarily and knowingly release, discharge, and hold harmless the City of Stockton, its officers, agents, employees, successors, assigns, and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of my participation with the activity above. I know and understand that my presence at the City of Stockton Delta Water Supply Project Drinking Water Treatment Plant involves certain inherent risks, including but not limited to exposure to chemicals and vectors that may be harmful to my health, and I assume these risks knowingly, voluntarily and completely.

I understand that this activity may not be accessible to persons with disabilities and may require climbing stairs or walking on uneven ground, gravel or graded roads. I further understand that phones, drinking water, restrooms and hand washing facilities are only available at the Administration/Operations Building at 11373 N. Lower Sacramento Road. I understand that eating, drinking and smoking are not allowed during the activity.

I certify that I understand that the City of Stockton will assume no liability for any injury to person or property that may result from my participation in the activity above; and I further agree and assign all rights and release from liability the City of Stockton, its officers, agents, employees, successors, and assigns, for the use of photographs in City publications and advertising media; and the recording, reproduction, exhibition, video/audiotape productions, broadcasting, cable-casting, internet access/internet web-casting and distribution of my visual image and/or voice for non-profit, promotional use.

I declare under penalty of perjury that the foregoing has been read and understood by the undersigned.

(Date)

(Participant Full Name - Signature)

(Street Address)

(Participant Full Name – Printed)

(City/State/Zip Code)

(Parent/Guardian signature if participant is a minor)

(Telephone Number)