

RELEASE AND HOLD HARMLESS AGREEMENT FOR THE
COUNTY OF SAN BERNARDINO AND
SANBERNARDINO COUNTY SUPERINTENDENT OF
SCHOOLS

I, _____, fully understand that
(Last) (First) (Middle)

The County of San Bernardino (County) and the San Bernardino County Superintendent of Schools (Superintendent) are self-insured public entities pursuant to Government Code Section 990.4. I understand that the County's and Superintendent's programs of self-insurance does not provide medical payments in the event that I am injured while participating in the event described below. In the event that I am injured as a result of the act or omission of any party, including the County, Superintendent it's Contractor's, Agents and Co-Sponsors of the event and their agents, Volunteers, Officers and Employees (hereafter collectively referred to as "Sponsors"), my ability to recover special or general damages (as defined by Civil Code) will be limited in that I will not be entitled to recover special and general damages from the Sponsors.

Notwithstanding the above acknowledgement, I understand that my participation in the **San Bernardino Countywide Vision, San Bernardino County School Districts Video Challenge** (hereafter referred to as "Event"), including transportation to and from said Event, exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and expressly agree to assume any such risks.

(IF PARTICIPANT IS A MINOR, PLEASE COMPLETE THE FOLLOWING PARAGRAPH)

I, _____, am the parent and/or Legal Guardian of
(Last) (First) (Middle)

_____, a minor.

I fully understand that participation in the **San Bernardino Countywide Vision, San Bernardino County School Districts Video Challenge** (hereafter referred to as "Event") exposes participants to the risk of personal injury, death or property damage. I hereby acknowledge that _____ is voluntarily participating in this Event with my express permission. As parent and/or Legal Guardian, I expressly agree to assume any such risks.

In consideration for being permitted to participate in the Program, I hereby release and forever discharge the County, Superintendent, their officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or connection with my or my child's participation in the Event from whatever cause, including the active or passive negligence of the County of San Bernardino, Superintendent, their officers, employees, agents and volunteers or any other participants in the Event.

In further consideration for being allowed to participate in the Event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the County of San Bernardino, Superintendent, their officers, employees agents and volunteers from any and all claims; including claims for Workers' Compensation benefits, damages, demands, actions or suits arising out of or in connection with my participation in the Program brought by any third party.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Participant Name – Please Print

Employee ID# (if applicable)

Participant Signature

Date

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Photo/Media Release Form

As part of its branding/marketing strategy, San Bernardino County and San Bernardino County Superintendent of Schools uses publications, websites, social media and other forms of media to promote the County of San Bernardino and San Bernardino County Superintendent of Schools and the Countywide Vision. This release provides the County of San Bernardino, San Bernardino County Superintendent of Schools, their representatives, and employees the right to use your name, photos, or video, including the taking/filming of photos/videos provided by your School District to the Event.

By signing below, you certify and understand that your information as described above may be used for promotional purposes.

Participant Certification

I authorize the County and Superintendent to use my information or **my minor child's information, if applicable,** as described above. I understand that I will not be compensated nor rewarded for the use of this information.

I have read and understand the above.

Participant Name – Please Print

Employee ID# (if applicable)

Legal Guardian Signature if Participant is a Minor

Participant Signature

Date