COMMUNITY PARTNERS WAIVER FORM

In consideration of participating in this event, I take the following action for myself and my executors, administrators, heirs and next of kin successors or assigns: I waive, release, and discharge from any and all liability for my death, disability, illness, personal injury, property damage or loss, Community Partners, their projects, directors, officers, employees, volunteers, representatives, and agents: In addition, I will indemnify and hold harmless Community Partners and persons from any and all liabilities and claims made as a result of my participating in this event.

Name of Event: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return original to:

Community Partners

1000 N. Alameda Street, Suite 240

Los Angeles, CA 90012

*Please make a copy for your records. If you prefer to have a copy emailed to you, please list your email*

*here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*