



The Learning Centers at Fairplex

One Day Volunteer Waiver

HOLD HARMLESS/RELEASE OF LIABILITY AGREEMENT

The undersigned agrees to and shall indemnify, defend and hold harmless The Learning Centers of Fairplex, the Los Angeles County Fair Association, and its partners, their agents, officers, elected and appointed officials, employees, and volunteers (collectively, the "Organizers") from and against any and all claims, causes of action, liabilities, demands, suits, judgments, expenses, costs, and injury or loss of any kind brought against the Organizers by any third person who is or is not an invitee, attendee, participant, or sponsor of the event by reason of any of my/our intentional or negligent acts or omissions related to or arising out of my/our participation in the day's events and activities.

Furthermore, the undersigned releases, waives, holds harmless and discharges the Organizers from any and all liabilities, claims, suits, causes of action, judgments, expenses, and costs of any kind whatsoever that I/we ever had, now have, or that my heirs, executors or administrators hereafter may have in the future as a result of my/our participation in the event/activities against the Organizers based on or arising out of any intentional, negligent or grossly negligent acts or omissions of the Organizers.

Please initial _____. In the event of medical emergency, I authorize medical personnel attending to me or my minor to make decisions regarding immediate medical treatment as may be necessary until such time as the emergency contact can be consulted.

By participating in The Learning Centers at Fairplex volunteer opportunity, I grant The Learning Centers at Fairplex, Los Angeles County Fair Association, County of Los Angeles and its partner's permission to use my photograph, video or film likeness, for promotional use in any related media.

By signing this document, I acknowledge that I have read and understand the terms contained herein and understand that it is binding upon me, my family and my assigns, heirs, executors, beneficiaries, and derivative claimants.

Event: _____ **Date of Event:** _____

Participant Signature: _____ Age (If minor): _____

Printed Name: _____ Date: _____

Affiliated Organization (If applicable): _____

Signature of Parent/Guardian (If minor): _____

Printed Name: _____ Date: _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____ Email: _____

Any medical problems, allergies, etc...that we should be aware of in the event of an emergency: _____
