

RELEASE AND HOLD HARMLESS AGREEMENT
FOR THE COUNTY OF SAN BERNARDINO

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

The County of San Bernardino is a self-insured public entity pursuant to Government Code Section 990.4. I understand that the County's program of self-insurance does not provide medical payments in the event that I am injured while performing at Calico Ghost Town. In the event that I am injured as a result of the act or omission of any party, other than the County, its officers or employees, my ability to recover special or general damages (as defined by the Civil Code) will be limited in that I will not be entitled to recover those damages from the County of San Bernardino.

Notwithstanding the above acknowledgment, I understand that my participation in the CALICO MOUNTAIN VOLUNTEERS, including transportation to and from CALICO GHOST TOWN exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in the CALICO MOUNTAIN VOLUNTEERS and expressly agree to assume any such risks.

It is further agreed that my name and/or likeness may be used to promote Calico Ghost Town in any way deemed necessary.

In consideration for being permitted to participate in the GROUP known as the CALICO MOUNTAIN VOLUNTEERS I hereby release and forever discharge the County of San Bernardino, its officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or connection with my participation in the CALICO MOUNTAIN VOLUNTEERS from whatever cause, including the active or passive negligence of the County of San Bernardino, its officers, employees, agents and volunteers or any other participants in the Event.

In further consideration for being allowed to participate in the CALICO MOUNTAIN VOLUNTEERS I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the County of San Bernardino, its 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 I SIGN IT OF MY OWN FREE WILL.

Date

Signature