

NAME: \_\_\_\_\_  
Last First



## COUNTY OF SAN MATEO TRAINING AGREEMENT AND RELEASE OF LIABILITY

In consideration for being permitted to participate in the physical fitness training program ("Program") sponsored by the County of San Mateo ("County"), I hereby agree as follows:

### **Authority to Sign.**

I am over the age of 18 and I have reviewed and understand the content of this document.

### **Non-Employee Status.**

I understand and agree that I am not a County employee. I understand that I am not entitled to receive or accrue any benefits of employment including, but not limited to, payment, salary, wages, vacation, sick leave, workers' compensation, health care, or insurance of any kind.

### **Compliance.**

I agree that I will comply with all rules, regulations, verbal instructions, posted safety signs and County policies as a condition for participating in the Program.

### **Physical Condition and COVID-19.**

I am in adequate physical condition to participate in the Program. I have appropriate medical insurance in the event that medical attention is needed as a result of my participation in the Program. I understand that in the event of injury, I am responsible for obtaining medical aid at my sole expense. I have not received a positive diagnosis for COVID-19 in the past 14 days. No person living in my household or any person with whom I have had closed contact has received a positive diagnosis for COVID-19 in the past 14 days.

### **Assumption of Risk.**

I am aware and I fully understand that there are dangers, inherent and otherwise, in participating in the Program, including risk of personal injury, permanent injury, pain, suffering and/or death. I hereby acknowledge that I am participating of my own free will in the Program, and I agree to assume the full risk of any injuries and/or damages and/or losses of any kind, regardless of severity and including death, that may occur in connection with my participation in the Program

### **Image Release.**

I irrevocably grant to the County the right to use my name, image and likeness, including photographs, audio and video recordings in all forms and media including composite or modified representations, for the purpose of promoting the County and its services and programs. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

**Property Release.**

I understand that the County is not responsible for loss, theft, or damages to any clothing or other personal property that occurs in connection with my participation in the Program.

**Indemnification.**

I shall indemnify, defend, and hold harmless the County, its departments, commissions, commissioners, agencies, boards, predecessors, successors, subsidiaries, related entities, and current and former officers, directors, trustees, agents, employees, insurers, attorneys, representatives, successor and assigns from all claims, suits or actions of every name, kind and description, relating to, arising out of, or based on (a) injuries to myself (b) injuries to another person caused by me, (c) loss, theft or damage to any property or objects caused by me.

**Release of Liability.**

I hereby fully and forever release and discharge the County, its departments, commissions, commissioners, agencies, boards, predecessors, successors, subsidiaries, related entities, and current and former officers, directors, trustees, agents, employees, insurers, attorneys, representatives, successor and assigns from any and all Liabilities, claims, demands, contracts, debts, damages, acts or omissions, obligations and causes of action of every nature, kind and description, in law, equity, or otherwise, which arise out of or relate to my participation in the Program.

I have carefully read, fully understand, and agree to abide by the terms of this Agreement. I also understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of California and that, if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement shall be binding upon me, as well as my successors, representatives, heirs, executors, assigns and/or transferees.

Participant Name (please print): \_\_\_\_\_

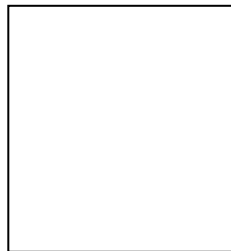
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact phone #: \_\_\_\_\_

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



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