



# RIVERSIDE POLICE EXPLORER COMPETITION

CITY OF RIVERSIDE

PHONE: (951) 826 5759 EMAIL: SGREENHALGH@RIVERSIDECA.GOV

## AGREEMENT – RELEASE OF LIABILITY AND INDEMNIFICATION

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1. I acknowledge that the Riverside Police Explorer Competition (herein, Competition) includes HAZARDOUS activities, including but not limited to physical training, calisthenics, running, firearms safety, discharging of firearms, and weaponless self-defense training. I understand that there is an inherent RISK OF INJURY with any such activities, and I have made a voluntary choice to participate in those activities despite the risk of harm they present.
2. In valuable consideration of my being permitted to participate in the Competition, I hereby agree to ASSUME ANY AND ALL RISK OF INJURY OR DEATH, which might be associated with, in connection with, or resulting from my participation in the Competition.
3. I further agree to INDEMNIFY, DEFEND, RELEASE FROM ALL LIABILITY AND HOLD HARMLESS the Organizers and Sponsors of the Competition, including but not limited to the City of Riverside, Riverside Police Department, and Riverside Police Foundation (a 501(c)(3) nonprofit corporation), as well as all officers, agents, employees, volunteers, and administrators of those organizations (herein collectively, Organizers and Sponsors) for any and all claims, demands, actions, or causes of action, including but not limited to, liability for injury or death of persons and for damage to or destruction of property, WHETHER CAUSED BY THEIR NEGLIGENCE OR FOR ANY OTHER REASON, in any way connected with or arising out of my participation in the Competition.
4. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, as well as significant social and economic losses that may result from actions, inaction, or negligence of myself or others, or the condition of the premises or equipment used in the Competition. I further understand there may be additional risks not known to me or reasonably foreseeable at this time.
5. I understand that I am encouraged to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the Competition or transportation to and from Competition activities. I agree that any medical bills incurred for injuries I may sustain in connection with the Competition are MY RESPONSIBILITY, and that the Organizers and Sponsors of the Competition will bear no responsibility for any medical bills I may incur.
6. I agree to become familiar with the rules and regulations of the Competition, concerning participant conduct. I will abide by the competition rules, as well as any direction given by those in charge of the Competition. I will immediately notify the person or persons conducting the activity if I believe I'm ill, injured, or not physically capable of participating in any aspect of the activity. I will refrain from participating in any activity I believe I am unable to safely perform. I hereby assert that, to the best of my knowledge, I am mentally and physically capable of participating in the Competition.
7. I understand all aspects of the Competition may be video and/or audio recorded and that those recordings may be used for promotional or other purposes. I hereby release and discharge the Competition Organizers and Sponsors from any liability arising out of or in connection with the making, processing, reproduction or exhibition of video recordings or photographs promoting the Competition. I hereby grant my express permission for the use of my photograph, likeness, and

any video and/or audio recordings pertaining to my participation in the Competition and waive any claims for damages or compensation arising from the creation, publication, or other use of those images and recordings.

8. This Agreement shall be construed under the laws of the State of California. Should any portion of this Agreement be deemed invalid, illegal, or unenforceable for any reason, the other provisions of this Agreement shall remain in full force and effect.
9. I, the undersigned, have carefully read, understand, and agree to all terms and conditions of this Agreement. I understand that this RELEASE OF LIABILITY AND INDEMNIFICATION is a legally binding contract which will legally prevent me or any other person from filing suit or making any other legal claim for damages in the event of my death or any injury to me. I enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns, executors, and legal representatives.

Participant Name (PRINT): \_\_\_\_\_

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

**PARENTS AND GUARDIANS (If participant is under 18 years of age)**

If the participant is a minor, the parent(s) and/or guardian(s) must sign in addition to the participant signing above. By signing this document, the undersigned parent(s) and/or guardian(s) hereby certify that the participant is authorized by all of the minor's parent(s) and/or guardian(s) to participate in the Competition and agree to all terms and conditions listed above in the RELEASE OF LIABILITY AND INDEMNIFICATION Agreement.

If the participant is a minor, the parent(s) and/or guardian(s) agree to assume all liability and to HOLD HARMLESS AND INDEMNIFY the Competition Organizers and Sponsors against any actions brought as a result of death or injury to any person, or damage or destruction of any property arising out of or in conjunction with the minor's participation in the Competition. The parent(s) and/or guardian(s) also agree to accept full responsibility for any medical expenses which may be incurred by the minor participant.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Law Enforcement Agency



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## MEDICAL TREATMENT AUTHORIZATION

Participants Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I, (PRINT FULL NAME) \_\_\_\_\_, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a Hospital, Physician, or Emergency Medical Personnel. I hereby designate and appoint the event coordinator and/or director as my lawful agent with power to authorize and consent to the administration of medical treatment during the Riverside Police Explorer Competition event.

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

### Please list an additional emergency contact

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier & Policy No: \_\_\_\_\_

Please list all allergies, injuries, medical restrictions, and/or health concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form should be properly signed and turned in at the time of registration.

In the event that medical treatment is provided in accordance with this agreement, I hereby assume responsibility for and agree to pay any costs associated with such medical treatment and/or emergency medical transportation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date