



SUPPORTING **EL CAMINO HOSPITAL LOS GATOS**

Sunday, June 10, 2012 | Vasona Lake Park | Los Gatos, California

VOLUNTEER PARTICIPATION FORM

Participant Name: _____

Email Address: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to participant: _____



Please read and sign the following:

In consideration of the use of volunteers for or with El Camino Hospital Foundation, Silicon Valley Duck Race, I, for myself and next of kin, do hereby release and forever discharge El Camino Hospital Foundation, Silicon Valley Duck Race, and other participants as well as its respective officers, directors, shareholders, agents, parents, affiliates, servants, employees, predecessors, successors and assigns, tenants, and licensees from any and all damages, losses, claims, demands, liabilities, obligations, actions, and causes whatsoever, whether known or unknown, whether liability be direct or indirect, liquidated or unliquidated, whether absolute or contingent, foreseen or unforeseen, suspected or unsuspected, anticipated or unanticipated, disclosed or undisclosed, and whether or not heretofore asserted, upon or by reason or as a result of my use of any property of facility provided operated or controlled by the releasees regardless of how such injury may arise, regardless of who is at fault or whose negligence caused such injury, even if an injury is caused by the neglect of fault of the releasees.

I understand that the fact upon which this release is made may hereafter turn out to be other than or different from the facts now known or believed to be true and I accept and assume the risk of the facts to be different than now known or believed to be true. I agree that this release shall be and remain in all respects effective and not subject to termination or rescission by virtue of any difference of facts.

I understand that El Camino Hospital Foundation, Silicon Valley Duck Race, and all participants or partners may photograph or videotape the events or activities in which I am participating. I give my permission for El Camino Hospital Foundation its partners in this event to use photographs or videotape of me for the purpose of promoting El Camino Hospital and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this or in the future for the use of my likeness.

Signature _____ **Date** _____