

**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 a passenger in a County-owned vehicle. I also understand that the County's program of self-insurance does not include any coverage for uninsured or underinsured motorist. 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 acknowledgement, I understand that my participation in the \_\_\_\_\_ (hereafter referred to as "Event"), including transportation to and from said Event, exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and expressly agree to assume any such risks.

**(IF PARTICIPANT IS A MINOR, PLEASE COMPLETE THE FOLLOWING PARAGRAPH)**

I, \_\_\_\_\_, am the parent and/or Legal Guardian of  
(Last) (First) (Middle)  
\_\_\_\_\_, a minor.

I fully understand that participation in the \_\_\_\_\_ (hereafter referred to as "Event") exposes participants to the risk of personal injury, death or property damage. I hereby acknowledge that \_\_\_\_\_ is voluntarily participating in this Event with my express permission. As parent and/or Legal Guardian, I expressly agree to assume any such risks.

In consideration for being permitted to participate in the Program, 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 or my child's participation in the Event 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 Event, 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 SIGN IT ON MY OWN FREE WILL.**

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Date

Signature