



**CITIZENS FOR BETTER
COMMUNITY**
華人權益服務社

P.O. Box 1, Fremont, CA 94537
www.cbcsfbay.org

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN ALL CITIZENS FOR BETTER COMMUNITY (CBC) ACTIVITIES AND/OR EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activities and/or events in which I may participate, and that it will govern my actions and responsibilities at said activities and/or events.

In consideration of my application and permitting me to participate in CBC activities and/or events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the activities and/or events, **THE FOLLOWING ENTITIES OR PERSONS:** “Citizens for Better Community” (CBC) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the activities and/or events, whether caused by the negligence of release or otherwise. P.O. Box 1, Fremont, CA 94537 www.cbcsfbay.org



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I acknowledge that “Citizens for Better Community” (CBC) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event and/or activity on behalf of CBC. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at the events and/or activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant’s Name: _____ Date: _____

Participant’s Signature: _____ Date: _____

Print Guardian’s Name: _____ Date: _____

Guardian’s Signature: _____ Date: _____



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**PARENT/GUARDIAN WAIVER FOR THE MINORS (Under 18 years old) AND CHILDREN
UNDER THEIR CONSERVATORSHIP**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activities and/or events, and has agreed individually and on behalf of the child or ward, to the terms of the Accident Waiver and Release of Liability set forth above.

The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor or ward and the parents or legal guardian.

Print Participant's Name: _____ Age: _____ Date: _____

Signature of Parent or Guardian: _____ Date : _____