

City of Fontana Community Services Department

54th Annual Fontana Days Run  
Volunteer Application



Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_  
Home Work Cell

How old are you? \_\_\_\_\_ Are you volunteering as part of a club/organization? \_\_\_\_\_

If yes, what is the name of the club/organization \_\_\_\_\_

- |                               |           |              |                       |
|-------------------------------|-----------|--------------|-----------------------|
| _____ Tuesday, May 26, 2009   | 6:00 p.m. | Bag Stuffing | Miller Fitness Center |
| _____ Wednesday, May 27, 2009 | 6:00 p.m. | Bag Stuffing | Miller Fitness Center |
| _____ Saturday, June 6, 2009  | 5:00 a.m. | Event Day    | Fontana City Hall     |

**Release of Liability & Assumption of Risk**

I, \_\_\_\_\_ on behalf of myself or \_\_\_\_\_  
On behalf of my minor child, hereby waive in advance any and all actions of causes of action and claims for injury or property damage which I may have, or which may hereafter accrue me, my heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by the City of Fontana. This is intended to release and hold harmless the City of Fontana and its elected official, officers, employees, contractors and agents.

I understand that I must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I or any of my heirs or successors present any claim or action against the City of Fontana.

I also agree to be photographed and or agree to have my child photographed and release the use of the photographs for publicity in City of Fontana publications and other public information materials.

**I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this release.**

Signature of Participant, Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: (909) 428-2546

Mail: Fontana Day's Run 9460 Sierra Avenue, Fontana CA 92335