**CA Naturalist Program Waiver of Liability**

**Waiver:** I understand that in consideration of being accepted as a participant in the CA Naturalist program at Calaveras Big Trees State Park and being permitted to participate in any way, including transportation for the program, I for myself and my heirs, personal

representatives or assigns, do hereby release, discharge and agree to hold harmless

the program and its sponsoring agencies, their agents, employees, officers and

successors, from and against claims of whatever kind, known or unknown, direct or

indirect, for personal injury, death or property damage that I may incur from

participation in the CA Naturalist program. (Initial here\_\_\_\_\_\_)

**Assumption of Risks:** Participation carries with it certain inherent risks that cannot

be eliminated regardless of the care taken to avoid injuries. The specific risks vary

from one activity to another, but the risks range from minor to major to catastrophic.

I know, understand and appreciate that these risks are inherent in participation. I hereby assert that my participation is voluntary and I knowingly assume such risks. (Initial here\_\_\_\_\_)

**Indemnification and Hold Harmless:** I also agree to **INDEMNIFY AND HOLD** Calaveras Big Trees State Park and UC ANR and its employees, agents, officers and successors **HARMLESS** from

any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities,

including attorney’s fees brought as a result of my involvement or participation and to

reimburse them for any such expenses incurred. (Initial here\_\_\_\_\_\_)

**Severability:** The undersigned further expressly agrees that the foregoing waiver and

assumption of risks agreement is intended to be as broad and inclusive as is permitted

by the law of the State of California and that if any thereof is held invalid, it is agreed

that the balance shall, notwithstanding, continue in full legal force and effect. (Initial here\_\_\_\_\_)

I have read this **waiver of liability, assumption of risk, and indemnity agreement**, fully

understand its terms and understand that I am giving up substantial rights including my right to

sue.I acknowledge that I am signing the agreement freely and voluntarily, and intend by my

signature to be a complete and unconditional release of liability to the greatest extent allowed by

law.

Signature of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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