

**COUNTY OF EL DORADO
COMMUNITY DEVELOPMENT SERVICES**

AGREEMENT AND RELEASE REGARDING VOLUNTARY SERVICES

I, _____, being eighteen years of age or older, hereby agree to participate as a volunteer in performing certain services for the _____ Road Zone of Benefit # _____, within County Service Area # _____, in the County of El Dorado. I will be participating in these activities with the knowledge that there is some risk that I could be injured in the course of performing these services. I have been advised that by RESOLUTION of the Board of Supervisors, it is the policy of the County of El Dorado to NOT cover volunteers as employees of the County for purposes of Workers' Compensation benefits. In addition, the risk management resources of the County do NOT cover the volunteers or others within the work area. I understand that my volunteer participation is subject to my having homeowners' or individual liability insurance coverage in a minimum amount of \$300,000; and represent that such coverage is currently in effect and I will notify the County Risk Manager immediately if such coverage is terminated. I understand that if a claim is paid by the County's insurer or the County or the zone of benefit, for injuries or damages caused by work done by volunteers acting without the County's prior written approval, the County's insurer may subrogate to the volunteer and/or their insurer for recovery. If, however, the work has been given prior written approval, the County's insurance carrier may subrogate only to a volunteer's insurance carrier, if any.

I hereby agree that I, my heirs, guardians, legal representative and assigns will not make a claim against or file an action against the County of El Dorado or any of its agents, officers or employees, for injury or damage resulting from negligence, howsoever caused, by any employee, agent or officer of the County of El Dorado as a result of my participation in this volunteer activity or services. In addition, I hereby release and discharge the County of El Dorado, its agents, officers, and employees from all actions, claims, and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE COUNTY OF EL DORADO, AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Witness: _____

Dated: _____

VOLUNTEER GENERAL INFORMATION

Volunteer Name - First, Last

Emergency contact name - First, Last

Address

City

Zip

Address

City

Zip

Home telephone #

Telephone #

Statement of Duties:

I understand the duties I am to perform as a volunteer for the County of El Dorado as described above and acknowledge that I am physically able to perform these services and that I am not aware of any physical limitations that would preclude me from performing such services.

Signature: _____

Dated: _____