

**ADOPT-A-BEACH<sup>®</sup> WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK  
(PLEASE READ CAREFULLY)**

I, \_\_\_\_\_, HEREBY CERTIFY THAT I AM AWARE OF THE INHERENT HAZARDS OF A BEACH CLEANUP.

I agree as follows: 1. I am volunteering my services for the Adopt-A-Beach<sup>®</sup> program ("the Event") on a voluntary basis without anticipation of payment of any kind; 2. I will perform assigned tasks that are within my physical capability to the best of my ability, and I will not undertake tasks that are beyond my ability; 3. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities; 4. I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely; 5. I acknowledge that I have received and read appropriate instruction regarding this Event, including appropriate safety and emergency procedures, and that I fully understand those instructions and that I agree, after proper inspection, to use only the supplies, tools and equipment provided by the Event organizers; 6. I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments; 7. I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a State of California or Foundation employee, agent, official, officer or representative, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from the State of California, the Department of Parks and Recreation, the California Coastal Commission, the California State Parks Foundation or any Event promoter or sponsor, nor will I make any such claim.

I understand and agree that neither the State of California, California Coastal Commission, California Department of Parks and Recreation, California State Parks, California State Parks Foundation, National Parks Service, Al Filmlaid, Center For Natural Lands Management, Channel Islands Beach Community Services District, City of Berkeley, City of Huntington Beach, City of Newport Beach, City of Long Beach, City of San Leandro, City of San Mateo, City of Santa Barbara, City of Ventura, Clean Beaches Coalition, Coastwalk California, County of San Mateo Parks, East Bay Regional Park District, Eco Warrior Foundation, Heal the Bay, I Love A Clean San Diego, La Conchita Community Organization, Larry Austin, Marin County Parks and Open Space, Northcoast Environmental Center, oosurf.com, Pacifica Beach Coalition, Santa Barbara County, Santa Cruz County, Save Our Beach, Save Our Shores, Sonoma County Regional Parks, Surfrider Foundation, The Watershed Project, Vandenberg Air Force Base, Ventura County Parks, nor any other organizers or promoters or sponsors or property owners involved in this event, nor any of their respective employees, officers, agents or assigns, (hereinafter collectively referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity, or as a result of product liability or the negligence of any party, including Released Parties, whether passive or active.

I understand that cleaning up beaches and waterfront areas involves certain inherent risks, including but not limited to, the risks of possible injury, infection or loss of life as a result of contact with needles, condoms, metal objects, burning embers or other hazardous materials found on the beach, or from over-exertion or environmental conditions. Despite these risks, I still choose to proceed in such activity. I know of no physical limitation which should keep me from undertaking the activities associated with this Event. In Consideration for being allowed to participate in this activity, I hereby personally assume all risks in connection with the Event for any harm, injury or damage that may befall me as a participant, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of participation in this activity, including both claims arising during the activity and after I complete the activity.

If I should become injured while participating in the Event, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. I further declare that I am eighteen and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is a legally binding, and that I have signed this document of my own free act.

I agree to allow my image to be used in published materials and web sites that promote the programs of the California Coastal Commission.

By including my email address below, I understand that the California Coastal Commission may contact me about the Adopt-A-Beach<sup>®</sup> Program and other Public Education programs.

**BY THIS INSTRUMENT I DO HEREBY EXEMPT AND RELEASE ALL "RELEASED PARTIES," AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.**

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.**

Spelling of Participant's Name	Date	Phone
Signature of Participant	Address	Email

**IF PARTICIPANT IS UNDER 18, THE PARENT(S) (OR GUARDIAN(S), IF ANY) MUST SIGN.  
The above participant has my permission to participate in the Adopt-A-Beach program. I have read and agree to the provisions stated above. I know of no health limitations which may restrict this volunteer's participation in this activity.**

Spelling of Parent's or Guardian's Name	Date	Phone
Signature of Parent or Legal Guardian	Address	Email