



STALLION SPRINGS COMMUNITY SERVICES DISTRICT

I _____ do agree by the following,

Print name)

Each individual participating must sign this form prior to participation. Participants under 18 years of age must also include the signature of a parent or legal guardian.

By signing below, I agree to the following: I am aware that my involvement in **Trunk or Treat** through the Stallion Springs Community Services District (SSCSD) organized activity presents certain risks to me, including but not limited to bodily injury, illness, death, loss or damage to my personal property, and/or other safety-related dangers. I further understand that activities involving open space, creek activities, working ranches, natural lands, hiking, horse-related activities, and boating present inherent risks, including but not limited to variable weather, uneven ground, hill slopes, falling rocks, fences, potentially hazardous historic structures, power systems, wells and water systems, natural or man-made water features, potentially hazardous livestock, potentially hazardous wildlife (including insects such as ticks, wasps, and bees, and plants including poison oak, thorns, thistles, and mushrooms), getting lost, and absence of medical attention.

I certify that I am voluntarily participating in this organized activity and I voluntarily assume all risks, consequences, and potential liability for this participation. I hereby **WAIVE, DISCHARGE AND RELEASE FROM LIABILITY** SSCSD, SSCSD's Program Partners and their respective employees, Board of Directors, members, instructors, volunteers, and their representatives and assigns, from **any and all liability**, claims, and causes of action, debts, and demands that may arise from my participation. In the case of my injury, accident, illness, or inability to complete this activity, I understand that I will bear the full cost of any additional transportation or evacuation procedures performed by Stallion Springs Community Services District.

I understand and intend that this assumption of risk and release is binding on my heirs, executors, administrators and assigns.

Unless I opt out below, I hereby consent to and authorize the use and reproduction, in print or electronic format, by Stallion Springs Community Services District of any and all photographs of me, or my child, which have been taken during this activity for any publicity purpose, without compensation. All images – electronic, negatives and positives, together with the prints – are owned by District.

I am aware that my involvement in TRUNK OR TREAT though minimum contact, can pose a possible risk to the contraction of the COVID-19 Virus and I agree to the risk and will not hold the Stallion Springs Community Services District accountable should I contract the virus. I also agree to stay home and self isolate should I feel ill. If I have any symptoms, I agree to contact all involved in TRUNK OR TREAT to assure they are aware.

Emergency Contact Name _____

Emergency Contact Number _____

Participant Phone Number _____

Participant Signature _____