## **Special Event**



## Waiver & Release of Liability

ORGANIZATION/GROUP NAME		EVENT DATE
Chula Vista, its officers, agents, disability, personal injury, propertor or omissions, regardless of whembers of my organization/gevent. I fully understand and a	GANIZATION/GROUP, I expressly WAIVE, For and employees or any other person from erty damage, property theft or actions, inclusive their such act or omission is active or particular or our heirs in connection with our particular or cknowledge that the CITY OF CHULA VISTATE statement and that I will provide all mem cipation.	any and all LIABILITY for any death, uding any alleged or actual negligent ssive which may accrue to myself or participation in the above-described is relying on my representation that
officers, agents and employees my/our heirs and any other incevent identified herein, any of a those claims arising from the employees, volunteers or othe	HOLD HARMLESS the City of Chula Vista, is from any and all liabilities or claims made dividuals or entities as a result of, or in any my/our actions in connection with my/our persole negligence or sole willful conductor representatives. Such indemnification incomes associated with any such claims.	e by me or my organization/group, way related to, or arising from, the participation in this event except for of the City, its officials, officers,
hereby certify that I have red document on behalf of all mem	ead this document, understand its conter bers of the group I represent.	nt, and am authorized to sign this
SIGNATURE		DATE
PRINT NAME		
PHONE NUMBER	EMAIL ADDRESS	