

# GROUP/ORGANIZATION

WAIVER AND RELEASE OF LIABILITY



**City of Chula Vista**  
**RECREATION DEPARTMENT**  
276 Fourth Avenue, Building 300  
Chula Vista, CA 91910  
(619) 409-5979  
[www.chulavistaca.gov/rec](http://www.chulavistaca.gov/rec)

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ORGANIZATION/GROUP NAME

EVENT DATE

**ON BEHALF OF THE ABOVE ORGANIZATION/GROUP**, I expressly **WAIVE, RELEASE** and **DISCHARGE** the City of Chula Vista, its officers, agents, and employees or any other person from any and all **LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above-described event. I fully understand and acknowledge that the CITY OF CHULA VISTA is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the City of Chula Vista, its elected and appointed officials, officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of, or in anyway related to, or arising from, the event identified herein, any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officials, officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

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SIGNATURE

DATE

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PRINT NAME

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PHONE NUMBER

EMAIL ADDRESS

**Return completed Application for Facility Use, plus any additional attachments & information to:**

Recreation ● 276 Fourth Avenue, Chula Vista CA 91910 ● Tel: 619-409-5979 Fax: 619-409-5925

Email: [recadmin@chulavistaca.gov](mailto:recadmin@chulavistaca.gov)

*Forms must be submitted and reviewed at least 7 days prior to event start date. Incomplete forms will not be processed.*