

Charity Car Wash Volunteer Waiver and Release Agreement for Participants  
City of Walnut Creek

Date: \_\_\_\_\_

I will be participating in a charity car wash event scheduled for [Date] \_\_\_\_\_ within the City of Walnut Creek. As a participant involved in car wash activities and using a car wash kit provided by the City of Walnut Creek, I recognize and acknowledge that there are certain risks of injury. I understand that the car wash kits include electrical cords and electrical pump that may cause injury in and around water. I understand that by participating in this charity car wash activity I may expose myself to injury.

This Waiver and Release Agreement is intended to fully discharge in advance the City of Walnut Creek (its officers, employees, and agents) and person(s) owning the property where the charity car wash event will occur from any and all liability arising out of or connected in anyway with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this Waiver and Release is binding on my heirs and assigns. I agree to assume the full risk of any injuries, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with this charity car wash event.

I do hereby fully release and discharge the City of Walnut Creek, its officers, agents and employees from any and all claims from injuries, damage or loss that I may have or that may accrue to myself arising out of, connecting with, or in any way associated with the activities during the charity car wash event.

If a minor, my parent/guardian additionally agrees to indemnify the City of Walnut Creek against any claims or rights of action for damage which the minor child/ward has before or after he/she reaches the age of majority.

In an event of an emergency, I authorize the City of Walnut Creek officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. If I am injured while participating in the event, I agree to report it to my crew chief or to the first aid staff immediately.

I have read and fully understand the above Waiver and Release Agreement and Permission to Secure Treatment.

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SIGNATURE *(event participant)*

NAME OF PARTICIPANT *(please print)*

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Parent/Guardian's SIGNATURE (if participant is a minor)

Print Name (Parent/Guardian)

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Email address

School, Club, or other Affiliation

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Address

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Home & Emergency Phone Number