



## Girls' Empowerment Retreat 7/28/2023

Participant Name: \_\_\_\_\_

Parent/Guardian Name (if participant is a minor): \_\_\_\_\_

I, \_\_\_\_\_ (hereinafter referred to as "Participant"), hereby agree to participate in the Girls Empowerment Retreat (hereinafter referred to as "Retreat") organized by Riverside Sheriffs' Association, event located at the Eastvale Community Center 13820 Schleisman Rd, Eastvale, CA 92880. In consideration for being allowed to participate in the Retreat, I acknowledge and agree to the following:

### Assumption of Risk:

I understand that the Retreat may involve physical activities, including but not limited to workshops, outdoor activities, and group exercises that may carry inherent risks. These risks may include, but are not limited to, bodily injury, illness, accidents, property damage, or other unforeseen occurrences. I acknowledge that I am voluntarily participating in the Retreat with full knowledge of the potential risks involved.

### Release of Liability:

I hereby release, discharge, and hold harmless Riverside Sheriffs' Association, its directors, officers, employees, agents, representatives, volunteers, and any affiliated individuals (collectively referred to as "Released Parties") from any and all claims, liabilities, damages, actions, or causes of action, whether in law or equity, arising out of or relating to any loss, damage, injury, or illness that may occur to me during the Retreat, including any related medical treatment.

### Waiver and Indemnification:

I agree to waive any and all claims against the Released Parties and agree to indemnify and hold them harmless from any and all liability or claims made by third parties arising out of my participation in the Retreat.

General Release:

In further consideration of being permitted to participate in the Retreat, I hereby fully release and forever discharge the Released Parties from any and all claims, demands, actions, causes of action, or suits arising out of or related to any loss, damage, injury, or illness, whether known or unknown, that I may have against the Released Parties, including, but not limited to, claims based on negligence, premises liability, or breach of warranty.

Medical Authorization:

I authorize the Retreat staff, including emergency medical personnel, to seek and provide medical treatment in the event of an injury, accident, or illness during the Retreat. I understand that I will be responsible for any medical expenses incurred as a result of such treatment.

Media Release:

I grant the Riverside Sheriffs' Association the irrevocable right and permission to use photographs, video recordings, and/or any other media taken during the Retreat in which I may be included. I understand that these images may be used for promotional, educational, or other purposes by Riverside Sheriffs' Association without further compensation or notification.

Governing Law:

This Waiver and Release of Liability shall be governed by and construed in accordance with the laws of California, without regard to its conflict of laws principles.

I HAVE CAREFULLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE OF LIABILITY, AND I VOLUNTARILY SIGN IT WITH THE INTENT TO BE LEGALLY BOUND AND TO GIVE UP SUBSTANTIAL LEGAL RIGHTS.

Participant's Signature: \_\_\_\_\_

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

Parent/Guardian's Signature (if participant is a minor): \_\_\_\_\_

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