

**ACTIVITY INSTRUCTOR OR LEADER FORM REQUIRED FOR
ACTIVITIES ALLOWED BY BOARD POLICY H-35**

INSTRUCTOR NAME (PRINTED): _____

ACTIVITY: _____

LOCATION: _____

This form must be read, understood and signed by all instructors or leaders (collectively “instructors”) who participate in activities allowed by Board Policy H-35.

As an instructor, I fully understand the nature of the activity I will be engaging in and my experience and capabilities in the activity. I voluntarily accept and assume all risks (personal injury or other risks) related to being an instructor for the activity. Before beginning the activity, I will independently seek any medical or other approvals necessary or appropriate for my participation.

I will at all times act and conduct the activity in a safe manner; and abide by all applicable County or other requirements. I will be responsible for checking and maintaining the safety and good operating condition of any equipment I provide for the activity.

I understand that my participation in this activity is not within the course or scope of, or to be construed as, County employment. I completely release, discharge and indemnify from any responsibility or liability the County of Riverside, including any County agencies or districts, and its officers, employees or agents (collectively referred to as “County”) for any injury (including any physical injury or death), damage, claim, loss or expense related in any way to my participation in this activity.

I fully accept responsibility for all medical expenses that I may incur related to my participation. I understand the County is not providing medical or other insurance for my benefit. This does NOT affect the ability to file claims for medical care under the instructor or employee’s own County or other applicable health insurance program.

Prior to the start of the activity, I agree to submit to the department head an insurance certificate showing proof of: commercial or general liability insurance in the amount of \$500,000 per occurrence and in the aggregate; and workers’ compensation insurance if I am employed by an outside party to conduct the activity. If appropriate, the County Risk Manager may waive or modify these insurance requirements.

By signing below, I voluntarily agree to the terms stated in this document and will at all times comply with the requirements of Board Policy H-35.

Signature: _____ **Dated:** _____

**THIS SIGNED FORM MUST BE RETURNED TO THE DEPARTMENT HEAD
OR DESIGNEE BEFORE THE START OF PARTICIPATION**