

**EMPLOYEE FORM REQUIRED FOR PARTICIPATION IN
ACTIVITIES ALLOWED BY BOARD POLICY H-35**

NAME (PRINTED): _____

ACTIVITY: _____

LOCATION: _____

This form must be read, understood and signed by all employees who participate in activities allowed by Board Policy H-35.

As a participant, 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 my participation in 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 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 all equipment used as part of the activity.

I understand that this activity is not within the course or scope of my County employment. I completely release and discharge 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 the benefits of participants. However, this does NOT affect the employee's ability to file claims for medical care under the employee's own County or other health insurance program.

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**