



RELEASE OF LIABILITY VOLUNTEER AGREEMENT

Name: _____
Home address: _____
Santa Cruz, CA Zip code: _____

Date: _____
Phone: _____
Email: _____

I pledge to keep this area or location "Graffiti Free"

By my signature to this agreement, I acknowledge that I am not an employee of the City of Santa Cruz and that my performance of voluntary services under this agreement is uncompensated and I am at least the age of 18 years old.

I agree that I am not insured under the City's Workers' Compensation Program, and insurance coverage during the performance of said services is subject to reimbursement for medical expenses for injuries incurred as provided under the CitySERVE Program for Graffiti Free Santa Cruz, which is secondary to my existing medical insurance, should I carry medical insurance. I agree that I will not use power equipment, stand on any object taller than two (2) feet tall, or engage in dangerous activities as a volunteer and that such medical coverage is voided. Please report any injuries immediately to the **CitySERVE office at (831) 420-5403**.

I agree to follow directions for the use as provided by the product manufacturer and all items provided in the standard graffiti removal kit including multi-master cleaner, rubber gloves, safety glasses, scrubber, and towels, which can be replenished at the **Economic Development office at 337 Locust Street, Santa Cruz, CA 95060**.

I agree to obtain necessary permission for any work occurring on private property. Furthermore I agree to report any large or difficult graffiti on private and public property that may be unsafe to remove by calling the **Graffiti Hotline at (831) 420-5303**, by email at graffiti@santacruzca.gov, or **report online** at www.cityofsantacruz.com/graffiti.

I authorize the taking of my picture by photograph, movie, or videotape, by the Graffiti Free Santa Cruz staff and consent to and authorize the use and reproduction of all photography, movies, and videotapes for any purpose without compensation.

I agree to release and hold harmless the City of Santa Cruz, its officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone claiming under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary services.

Signature of Applicant

Date