COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Name of Activity: _____ **Date:** _____

Participant's Name: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

Description of Activity:

☐ Mark this box if activity includes transportation via Rancho/County Vehicle

hereafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the County of Los Angeles and its Special Districts, elected and appointed officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risk range from but not limited to 1) minor injuries such as scratches, bruises, sprains, and embarrassment, 2) major injuries such as joint or back injuries and heart attacks to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification: I also agree to indemnify, defend, and hold harmless Rancho Los Amigos National Rehabilitation Center "Rancho", Los Angeles County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____	___/___/___	_____
Signature of Participant	Date	Print Name
_____	___/___/___	_____
Signature of Parent/Guardian/Responsible Party	Date	Print Name
_____	___/___/___	_____
Signature of Rancho Workforce Member	Date	Print Name

PATIENT INFORMATION

MRUN

NAME

DOB/GENDER

Waiver of Liability, Assumption of Risk, and Indemnity Agreement