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| Signature of Parent/Guardian/Responsible Party Date Print Name | RTMENT OF HEALTH SERVICES |
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| 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, veovenant not to sue the County of Los Angeles and its Special Districts, elected and appointed officers, employ liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and prop but not limited to, participation in The Activity. Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be elimina care taken to avoid injuries. The specific risks vary from one activity to another, but the risk range from but injuries such as scratches, bruises, sprains, and embarrassment, 2) major injuries such as joint or back injuries 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 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 Rehabilit Los Angeles County, and its Special Districts, elected and appointed officers, employees, and agents from an liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney a arising from or connected with my involvement in The Activity and to reimburse them for any such expenses Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agree as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held in 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 agunderstand its te | |
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| Signature of Parent/Guardian/Responsible Party Date Print Name | |
| | ; |
| / | |
| Signature of Rancho Workforce Member Date Print Name | 2 |
| PATIENT INFOR | |



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

MRUN

NAME

DOB/GENDER