

# Presidio Park

You Can Make a Difference  
Volunteer Event!!!



Join us on the last Saturday of every month, 9:00 am – 12:00pm

Meet at the Father Serra Museum parking lot.

Located at 2727 Presidio Dr. San Diego, CA 92103

Please RSVP space is limited  
Park Ranger Kyle Connors  
[KConnors@sandiego.gov](mailto:KConnors@sandiego.gov)

Volunteer activities include projects such as trail work, the picking up of litter, weed removal and planting.

**Please wear clothes suitable for outdoor work, closed toed shoes, and bring water.**

Park Ranger is available to sign documents for community service hours.

\*Minors under 16 must have an adult present with them to volunteer

\*Minors between 16 and 18 must fill out a volunteer participation form prior to the event that must have a parent/guardian signature.

**CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT VOLUNTEER PROGRAM  
WAIVER AND RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in the City of San Diego Volunteer Program, I acknowledge and agree that:

1. My child (or I) is volunteering my services for the City of San Diego Park and Recreation Department on a voluntary basis without anticipation of payment of any kind.
2. I acknowledge that the City of San Diego has extended its workman's compensation coverage to authorized volunteers and I agree to accept that coverage.
3. My child (or I) will perform tasks that are within his/her (or my) physical capability to the best of his/her (or my) ability, and my child (or I) will not undertake tasks that are beyond his/her (or my) ability. I certify to the best of my knowledge, that my child's (or my) current physical condition is satisfactory for participation in this activity, and that he/she (or I) am free of any health problem that would affect his/her (or my) ability to participate.
4. I agree to inform my child (or I agree) not to use any equipment or tools with which my child (or I) am unfamiliar or do not know how to operate safely.
5. I agree to inform my child (or I agree) to perform only those tasks assigned, observe all safety rules, and use care in the performance of assignments.
6. I agree that my child (or I) may be photographed, videotaped or recorded and that said photographs, videos or recordings may be used for promotional materials. I understand that my child (or I) will not receive compensation for the use of these and that my child (or I) will not be given notice of when these materials are used.
7. I acknowledge that the City will defend and indemnify my child (or myself) in any claim or action arising from my child's (or my) acts that are within the scope of my child's (or my) duties as a volunteer and in compliance with City policies and procedures, in accordance with City of San Diego Resolution No. 286906. I further acknowledge that the City is not required to indemnify my child (or me) against a claim for punitive damages except as authorized by the City Council pursuant to Government Code Section 825 (b). I agree, however, to defend and indemnify the City in any claim or action arising from my child's (or my) acts that are outside the scope of my child's (or my) volunteer duties.
8. I acknowledge that loss or damage to my child's (or my) personal property used while providing volunteer services is not reimbursable under City regulations.
9. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to me) while volunteering.
10. THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

Volunteer's Name (print) \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Emergency Phone #'s ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_

Volunteer's Signature (if participant is 18 years or older) \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Legal Guardian signature required if volunteer is 17 years of age or younger.**

*This is to certify that as a parent/legal guardian of this volunteer, I do consent to his/her waiver and release as set forth above. My child has my permission to volunteer. I realize that participation in this program is voluntary.*

Parent/Guardian Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_