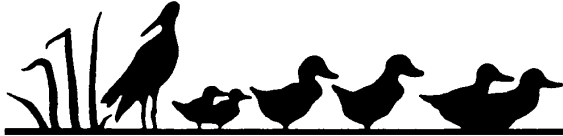
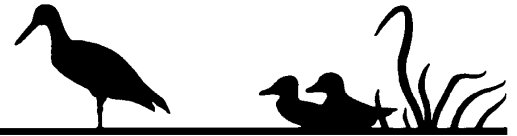


# FRIENDS of FAMOSA SLOUGH



A California Non-Profit Corporation



Box 87280, San Diego, CA 92138-7280

## VOLUNTEERS NEEDED for Bi-Monthly WORK PARTIES

2nd SATURDAYs of Odd-Numbered Months  
2017 dates:

Jan. 14, March 11, May 13, July 8, Sept. 9, Nov. 11

9 AM TO NOON

at the FAMOSA SLOUGH

Volunteers are needed to help at the Famosa Slough wetlands preserve. We work on trail projects, take care of California native plants and wetland plants, remove invasives, and clean up at the Famosa Slough and Channel, treatment ponds and at other areas of the Slough.

Meet at the corner of West Point Loma Boulevard and Famosa Boulevard (zip=92107) at **9:00 AM on 2nd Saturday of odd-numbered months**. Wear work clothes (preferably long pants, long-sleeved shirt, hat, and sturdy shoes). If you have them, bring work gloves, gardening or weeding tools, or clippers. Refreshments, gloves and tools will be provided.

**\*\*\* PLEASE NOTE:** *As required by SD City Park & Rec. Dept., for volunteers 17 and under, a parent or guardian must sign a waiver for each child at the start of the event, and children 13 and under must be accompanied by an adult. Contact FFS to get form prior to event if necessary.\*\*\**

*\*\*\* Credit for Community Service is available.\*\*\**

For more information about the Slough, please call 619-224-4591, or see the

FFS web site, [www.FamosaSlough.org](http://www.FamosaSlough.org),  
or Facebook page, [www.facebook.com/FamosaSlough](http://www.facebook.com/FamosaSlough)

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) am 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 myself) 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 myself) 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: \_\_\_\_/\_\_\_\_/\_\_\_\_