

City of Isleton

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Release of Liability

I hereby release the City of Isleton from liability for any act if negligence or want of ordinary care on the part of the City of Isleton and/or any of its agents. I waive, release, and discharge the City of Isleton and, their directors, officers, agents, and employees from any all claims of liability for injury or damage to myself, my animals, or my property. This agreement is binding upon my executors, heirs, and assigns.

I acknowledge that I have read this Release of Liability and know and

understand its contents. Initial here:

Name:

Address:

City
State
Zip

Home:

Cell:

Signature:

Date:

Time period covering:
From:

Staff Only=====

EXPIRES ON:

Witnessed By:

Date:

Title:

City Clerk

City Administrator

City Manager