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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. In consideration of my participation in voluntary events organized by the city. I waive, release, and discharge the City of Isleton and Parks and., their directors, officers, agents, and employees from any all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. 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:		State	-
Signature:	Date:		
Time period covering: From:	_ To:		
	===== Staff Only=====		
EXPIRES ON:			
Witnessed By:	Dat	e:	
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Title: City Clerk City Administrator City Manager