

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM



		Recycling
Activity: <u>Landfill Visit</u> Organization Name:	Date:	COUNTY OF ORANG
Location of Activity/Event: Prima Deshecha La	ndfill, 32250 La Pata Avenue, San Juan Ca	npistrano, CA 92675
I HEREBY ASSUME ALL OF THE RISKS OF PAR- including by way of example and not limitation, any persons or entities being released, from dangerous or or because of their possible liability without fault. I u including but not limited to large earthmoving equipr	y risks that may arise from negligence or care defective equipment or property owned, maintanderstand this tour is a of an active landfill whi	lessness on the part of the ained, or controlled by them, ch has potential dangers
I acknowledge that this Accident Waiver and Release govern my actions and responsibilities at said activity permit this activity/event.		
In consideration of my application and permitting me executors, administrators, heirs, next of kin, successo I hereby WAIVE, RELEASE, AND DISCHARGE th (collectively, the "County") from any and all liability the County, for my death, disability, personal injury, occur to me including my traveling to and from this at the right of contribution for loss or damage of person related to this activity/event.	rs, and assigns as follows:  le County of Orange and its supervisors, officer , including but not limited to, liability arising fi property damage, property theft, or actions of a ctivity/event, and waive all claims and recourse	rs, employees, and agents rom the negligence or fault of any kind which may hereafter e against the County including
I hereby agree to INDEMNIFY, HOLD HARMLESS from any and all liabilities or claims made as a result risks arising from my use of any property or any dang whether caused by negligence or otherwise.	of my voluntary participation in this activity/ev	vent, including, but not limited to,
I understand that participation in this activity/event is I hereby consent to receive medical treatment which a during this activity/event. I understand that the Count responsible for any medical costs I incur as a result of	may be deemed advisable in the event of injury y does not provide medical coverage for me. I	, accident, and/or illness
The accident waiver and release of liability shall be c permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUME THAT THIS IS A RELEASE OF LIABILITY AND	NT, AND I FULLY UNDERSTAND ITS CON	NTENT. I AM AWARE
Ad	lult Waiver Signature	
Print Adult Participant's Name	Adult Participant's Signature	Date
Parent/Guardian Waive	r Signature for Minors (under 18 yea	rs old)
The undersigned parent or guardian does hereby represented or ward's participation in the activity or event, at the accident waiver and release of liability set forth all harmless and indemnify each the County of Orange frimposed upon the County of Orange because of any con behalf of the minor and the parents or legal guardian	and has agreed individually and on behalf of the bove. The undersigned parent or guardian furth rom all liability, loss, cost, claim, or damage where defect in or lack of such capacity to so act and r	e child or ward, to the terms of er agrees to save and hold hatsoever which may be
Print Minor Participant's Name and Age Print P	arent or Guardian Name Signature of Parer	nt or Guardian Date



## **Model Release**

For good and valuable Consideration herein acknowledged as received, and by signing this release I hereby give the Photographer/Filmmaker, the County of Orange ("County") and Assigns my permission to license the images and to use the images in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified.

I agree that I have no rights to the Images, and all rights to the Images belong to the Photographer/Filmmaker, the County and Assigns. I acknowledge and agree that I have no further right to additional Consideration or accounting, and that I will make no further claim for any reason to Photographer/Filmmaker, the County and/or Assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws of the United States of America.

I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

Photographer/Filmmaker:	OC Waste & Recycling—Co 601 N. Ross St., 5 <sup>th</sup> Floor Sa Phone: 714-834-4000	anta Ana, CA 92701	ocwr.ocgov.com	
Shoot Date:	Shoot Description:			
Model Information: Name (print):				
Address:		City:	State/Zip:	
Phone:		E-mail:		
Signature:	Date:			
	rdian of Model, and has the fu S.	ull legal capacity to cons	dian warrants and represents that sent to the Shoot and to execute this release OF	
Address:		City:	State/Zip:	
Phone:		E-mail:		
Signature:		Date		

## **Definitions:**

- "MODEL" means me and includes my appearance, likeness and form.
- "MEDIA" means all media including digital, electronic, print, television, film and other media now known or to be invented.
- "PHOTOGRAPHER/FILMMAKER" means the photographer, illustrator, filmmaker or cinematographer, or any other person or entity photographing or recording me.
- "ASSIGNS" means a person or any company to whom Photographer/Filmmaker has assigned or licensed rights

- under this release as well as the licensees of any such person or company.
- "IMAGES" means all photographs, film or recording taken of me as part of the Shoot.
- "CONSIDERATION" means something of value I have received in exchange for the rights granted by me in this release.
- "SHOOT" means the photographic or film session described in this form.
- "PARENT" means the parent and/or legal guardian of the Model. Parent and Model are referred together as "we" and "us" in this release.