

**TOWN OF PORTOLA VALLEY**  
**ZOTTS TO TOTS PARTICIPANT**  
**RELEASE OF LIABILITY, ASSUMPTION OF RISK,**  
**HOLD HARMLESS & AGREEMENT NOT TO SUE**



Name of Participant: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Cell Phone: \_\_\_\_\_

Release and Indemnity: I understand that the risk of injury, illness disability or death as a result of my (or my minor child's) participation in the Zotts to Tots Race ("activity") may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Town of Portola Valley officers, agents, employees, volunteers, and program organizers, program participants and their families. I hereby release, discharge and agree not to sue the Town of Portola Valley, its officers, agents, employees, members, contractors and volunteers for any injury (or my minor child), death or damage to or loss of personal property arising out of, or in connection with, my (or my minor child's) participation in the activity from whatever cause, including the active or passive negligence of the Town of Portola Valley or any other participants in the activity. In consideration for being permitted to participate in the activity, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the Town of Portola Valley from any and all claims, demands actions or suits arising out of or in connection with my participation in the activity.

Assumption of the Risk: I fully understand that my participation in the Zotts to Tots Race (subjects me (or minor child) to physical risks and dangers, nonetheless, I voluntarily agree to assume any and all risks or injury or death and to release, discharge and hold harmless the Town of Portola Valley and its officials, agents, volunteers and employees who, through negligence or carelessness, might otherwise be liable to me (or minor child), or my (or minor child's) heirs, personal representatives, next-of-kin, spouses or assigns. I also acknowledge that due to the contagious nature of COVID-19 that I (or my minor child) may be exposed to, or infected by COVID-19 by participating in the Zotts to Tots Race, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

Social Distancing Requirements: While the COVID-19 related State emergency is in effect, I agree to keep abreast of and adhere to the COVID-19 social distancing protocols, health and safety precautions and best practices established by the State of California (<https://covid19.ca.gov>), County of San Mateo Health Officer and Town of Portola Valley, as may be modified from time to time, relative to gatherings and participation in the Zotts to Tots Race. Safety precautions include but are not limited to the use of personal protective equipment, social distancing requirements, symptom checks and tracking attendance.

Town Authority to Suspend Activities: Town has the authority to suspend the activity or individual participation in the activity with no prior notice if participants are not adhering to policies and/or if Federal, State, County, and/or Town regulations change and no longer allow the approved activities outlined in the Facilities Use Agreement.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN ON MY OWN FREE WILL.**

Furthermore, the significance of this Agreement has been explained to the minor. I certify that I am authorized as the participant or participant's parent or legal guardian to enroll participant in the Zotts to Tots Race, and I hereby agree to its terms as indicated above.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

If minor child(ren), Name of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date