

RELEASE FROM LIABILITY AND ACKNOWLEDGEMENT OF RISKS

WARNING: RIVERSIDE COUNTY DEPARTMENT OF WASTE RESOURCES OPERATIONS INCLUDING BUT NOT LIMITED TO LANDFILLS, HAZARDOUS WASTE COLLECTION EVENTS, AND MAINTENANCE FACILITIES ARE INHERENTLY DANGEROUS. BY SIGNING THIS RELEASE YOU ARE ACCEPTING THE HAZARDS ASSOCIATED WITH BEING ALLOWED ONTO THE _____ AND THAT YOU ACCEPT ALL LIABILITY FOR YOURSELF.

BY SIGNING THIS DOCUMENT I, _____
(Please print complete name)

UNDERSTAND THAT I HAVE BEEN WARNED THAT PERSONAL DANGER AND RISK OF BODILY INJURY IS ALWAYS POSSIBLE WHEN ON THE PREMISES OF ANY LANDFILL.

I VOLUNTARILY ACCEPT ALL RISKS ASSOCIATED WITH BEING AT THE _____ INCLUDING, BUT NOT LIMITED TO HAZARDOUS GROUND CONDITIONS, MOVING EQUIPMENT, DUST, MOLD, AND BACTERIA.

MY SIGNATURE ALSO CONFIRMS MY INDEPENDENT DECISION TO:

(Purpose of Visit)

ON BEHALF OF: _____
(Entity's name)

DATE OF VISIT: _____

IF I AM DAMAGED, IN ANY WAY, AS A RESULT OF GOING TO THE _____, TO _____, I ACCEPT ALL LIABILITY AND I HEREBY ABSOLVE AND HOLD HARMLESS THE COUNTY OF RIVERSIDE, ITS BOARD OF SUPERVISORS, THE DEPARTMENT OF WASTE RESOURCES, ELECTED OFFICIALS, DIRECTORS, OFFICERS AND EMPLOYEES.

By affixing my signature hereto, I certify that I am at least eighteen (18) years old or am the legal guardian of minor identified as _____; and that I fully understand and accept all liabilities as provided herein.

Name (Printed) _____

Signature (legal guardian if under 18) _____

Date _____

Address: _____

Driver's License Number: _____ Date of Birth: _____