

**ALL PARTICIPANTS MUST COMPLETE AND TURN IN THIS FORM.**

**CITY OF LA PUENTE**

**TRUNK OR TREAT 2023**

**GENERAL RELEASE, HOLD HARMLESS AND INDEMNITY FORM**

***THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE YOU SIGN IT.***

\_\_\_\_\_ (“Participant”), partaking in the Trunk or Treat 2023 event that is organized by the City of La Puente and to be held at the City of La Puente Park on (“Park”) October 27, 2023.

Participant agrees and hereby releases and discharges from any and all liabilities and covenants not to sue the City of La Puente, its related agencies, elected and appointed officers, agencies, employees, and volunteers, including by not limited to the La Puente Community Services Department, its officers, agents, employees, contractors and volunteers (collectively referred to as “City”) in connection with any and all loss or damage, and any claims or demands relating thereto, arising out of or in any manner attributable to injuries to the person or damage to property incurred or sustained out of Participant’s involvement or participation in the Trunk or Treat 2023 event or Participant’s use of the Park or the Park’s facilities.

Participant further agrees to defend, indemnify, and hold harmless City, its elected and appointed officers, officials, agents, contractors, consultants, employees and volunteers from and against any and all claims, damages, demands, liability, costs, losses and expenses, including without limitation court costs and reasonable attorneys’ fees arising out of or in connection with Participant’s involvement or participation in the Trunk or Treat 2023 event or Participant’s use of the Park or Park’s facilities, except such loss or damage which was caused by the sole negligence, or willful misconduct of City. Acceptance by the City of insurance certificates and endorsements required under this Agreement does not relieve Participant from liability under this indemnification and hold harmless form. This indemnification and hold harmless obligations shall apply to any Claims whether or not such insurance policies shall have been determined to apply.

In executing this form, the undersigned warrants and represents to the City that he/she is authorized to execute this form and agree to the provisions set forth herein on behalf of the Participant.

**SIGNATURE OF PARTICIPANT**

By: \_\_\_\_\_  
Authorized Agent of Participant

Date: \_\_\_\_\_

**PARTICIPANTS’ WAIVERS MUST BE TURNED IN AS A GROUP, LABELED WITH YOUR ORGANIZATION’S NAME.**