

RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in the **Ag Pass Program** (hereinafter, "Program"), I, for myself and my heirs, representatives and assigns, hereby release, waive, discharge, and covenant not to sue the County of San Luis Obispo, including the San Luis Obispo County Fire Department (collectively, "County"), including its officers, employees, and agents, for any and all losses, damages, claims and demands of whatever kind, including but not limited to personal injury, death, or property damage, arising from or related to my participation in the Program.

I acknowledge that participation in the Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one Program activity to another, but the risks range from minor injuries to catastrophic injuries including death. I knowingly assume all such risks. My participation in the Program is voluntary.

I represent and warrant that I am not aware of any physical disability or health condition that would adversely be affected by my participation in the Program.

I expressly acknowledge that the foregoing release and waiver of liability is intended to be as broad and inclusive as is permitted by California law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I am fully apprised of the provisions of California law relating to releases and, in particular, Section 1542 of the California Civil Code which states:

A general release does not extend to claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which if known by him/her must have materially affected his/her settlement with the debtor.

Notwithstanding this statutory provision, and to implement a full and complete Release and Waiver of Liability, I acknowledge that this Release and Waiver is intended to include all claims which I do not presently know of or suspect to exist related to the Program and I agree to waive and release all such claims.

Signature of Participant

Print Name of Participant

Date