ASSUMPTION OF RISK AND RELEASE OF LIABILITY
FOR USE OF MONO COUNTY FACILITY, EQUIPMENT,
PROPERTY, AND/OR SERVICES

WHEREAS, the undersigned, _____ {child's name if waiver is for a minor} (hereinafter "Permittee"), desires to use the following facility, equipment, property, and/or services owned, operated, controlled, or provided by the County of Mono, a political subdivision of the State of California ("the County") for the following purpose(s): Wellness Activities with Mono County Behavioral Health on the following date(s) or time(s): July 1, 2022 to June 30, 2023

WHEREAS, the County is willing to permit such use of the aforementioned County facility, equipment, property, and/or services in exchange for the Permittee's execution of this release of liability:

NOW, THEREFORE, as a material inducement for County to hereby grant Permittee permission to use a County facility, equipment, property, and/or services, Permittee hereby assumes all risk, holds harmless, irrevocably and unconditionally releases, and agrees to indemnify and defend, the County and its successors, predecessors, assigns, officers, employees, agents, representative, attorneys, and affiliated entities, and all persons acting by, through, under or in concert with them, with respect to any and all liability, lawsuits, and/or claims for damages or injuries to persons or property (including but not limited to theft or loss of, or damage to, Permittee's personal property) as a result of or in any way connected with Permittee's presence on, or use of, the County facility, equipment, property, and/or services for which permission is hereby granted and/or as a result of the presence on, or use of, that facility, equipment, property and/or services by Permittee's agents or by any persons invited or allowed into the facility, equipment, property, and/or services by Permittee. **Through this release, Permittee waives all rights given by Section 1542 of the California Civil Code which reads as follows: "As a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement."**

PERMITTEE HEREBY ACKNOWLEDGES HAVING READ AND UNDERSTOOD THE FOREGOING, AND HAVING HAD OR **EXPRESSLY WAIVING** THE RIGHT TO HAVE HIS OR HER OWN ATTORNEY REVIEW AND ASSIST IN THE PREPARATION OF THIS DOCUMENT BEFORE SIGNING IT.

MONO COUNTY:

By: _____

Risk Manager
P.O. Box 696
Bridgeport, CA 93517
(760)932-5410 Fax: (760)932-5411

PERMITTEE:

By: _____

Print: _____

Company: _____

Date: _____

Behavioral Health Staff_____

☐ I, the Behavioral Health Staff, certify that this individual gave verbal consent for signature and that this signature was not otherwise obtainable due to Covid-19

Wellness Program Demographics

1. What is your age?
   - ☐ Under 15 years of age
   - ☐ 16-25
   - ☐ 26-40
   - ☐ 41-59
   - ☐ 60+

2. What is your military status?
   - ☐ Never served in the military
   - ☐ Currently active duty, reserve duty, or National Guard
   - ☐ Previously served in the military
   - ☐ Prefer not to answer
   - ☐ Other

3. What is your primary language?
   - ☐ English
   - ☐ Spanish
   - ☐ Other (please specify): _____

4. What is your race/ethnicity?
   - ☐ White or Caucasian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Mexican/Mexican American/Chicano
   - ☐ American Indian or Alaska Native
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ Asian or Asian American
   - ☐ Central American
   - ☐ Caribbean
   - ☐ Puerto Rican
   - ☐ South American
   - ☐ Other Hispanic/Latino
   - ☐ Eastern European
   - ☐ European
   - ☐ Other White/Caucasian
   - ☐ African
   - ☐ Other African American/Black
   - ☐ Middle Eastern
   - ☐ Asian Indian/South Asian
   - ☐ Cambodian
   - ☐ Chinese
   - ☐ Filipino
   - ☐ Japanese
   - ☐ Korean
   - ☐ Vietnamese
   - ☐ Other Asian
   - ☐ Prefer not to answer
   - ☐ Other: _____

5. Do you have a disability? If so, what kind:
   (A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.) (more options next page)
   - ☐ No, I do not have any of these disabilities
   - ☐ Difficulty Seeing
   - ☐ Difficulty hearing or having speech understood
   - ☐ Other communication disability
   - ☐ Learning disability
   - ☐ Developmental disability
   - ☐ Dementia

Wellness Program Demographics

- ☐ Other mental disability not related to mental illness
- ☐ Chronic health condition
- ☐ Chronic pain
- ☐ Prefer not to answer
- ☐ Physical/mobility disability

6. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Transgender
   - ☐ Genderqueer/gender non-conforming
   - ☐ Questioning/Unsure of gender identiy
   - ☐ Prefer not to answer

7. What sex were you assigned at birth?
   - ☐ Male
   - ☐ Female
   - ☐ Prefer not to answer

8. What is your sexual orientation?
   - ☐ Heterosexual or straight
   - ☐ Gay or lesbian
   - ☐ Bisexual
   - ☐ Questioning or unsure of sexual orientation
   - ☐ Queer
   - ☐ Prefer not to answer