



Volunteer Application  
71st Annual Fontana Days Run | June 6, 2026

\* All volunteers **MUST** be at least 18 years of age or accompanied by an adult.\*

Name (First and Last)

Address

City	Zip Code	Date of Birth	Driver's License Number
Daytime Phone Number	Evening Phone Number	Email	

**EMERGENCY CONTACT**

Name (First and Last)	Phone Number
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Relationship

**Please Read and Agree to the Volunteer Waiver, Release and Acknowledgement:**

For and in consideration of the granting of permission to participate in the activities conducted by and/or with City personnel, in my volunteer status, the undersigned, on behalf of him/herself, his/her heirs, executors, administrators, and assigns, hereby fully releases and discharges City of Fontana, its members, agents, and employees from any and all claims, actions and liabilities that may arise as a result of my volunteer participation with the City of Fontana.

The undersigned has read this General Release of Liability and fully understands and acknowledges the significance of said General Release of Liability and hereby assumes full responsibility for any injuries, damages or losses that he/she may incur from my volunteer participation with the City. As a Volunteer, I understand that I will be at-will and that my services may be terminated without cause, at any time, at the sole discretion of the City of Fontana. I also understand that I am not entitled to receive compensation or benefits of any kind from the City, including those afforded in accordance with CA Workers' Compensation laws. I am also aware that I have no expectation of future employment with the City of Fontana

I further understand that should I use my automobile in Volunteer Service, I will keep in effect, automobile liability insurance equal at least to the minimum limits required by the State of California.

I am at least 18 years of age and have read and understood the above statements and am signing below. He/she consents to my participation in the events listed above.

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

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please Return to:  
ATTN: Fontana Days Run Volunteers  
17001 Upland Ave.  
Fontana, CA 92335