



Woodland Canyon Creek Restoration

Come join us for a morning of invasive species removal and help restore Woodland Canyon Creek on Mount Sutro! This creek begins at the Summit of Mount Sutro in two tributaries that converge in Woodland Canyon, flanked on one side by the Edgewood trail, and on the other side by the lower Historic trail. Some are lucky to hear this seasonal creek after a heavy rain, but it is never seen because it is hidden under so much overgrowth. Help us uncover it!

COVID-19 Precautions:

- We are asking all volunteers to register at <https://www.sutrostewards.org/events> before coming out to volunteer.
- All activities will take place outdoors.
- All volunteers and staff are asked to wear a mask throughout the volunteer program.
- All tools provided by Sutro Stewards for volunteer use will be sanitized before and after each volunteer program.

What to Bring and Wear:

- Water bottle and any snacks that you may like.
 - Pizza lunch will be served from 12:00-1:00pm
- Wear clothes that can get dirty! Long pants and long-sleeved shirts to protect your legs and arms while working and sturdy, closed-toe shoes.
- Some work areas may have poison oak and arriving in appropriate clothing limits exposure risk. If you have a known sensitivity, please alert a crew leader prior to starting work.

Checking-In:

- We will meet at the parking lot of the Woods Lot located on Mount Sutro at 100 Medical Center Way, San Francisco, CA 94131.
- The two attached waivers must be signed prior to participation. In addition, you are asked to sign a waiver for San Francisco Rec and Parks.
- We will provide tools, orientation to the work site, and instructions on the day's activities.

Parking:

- Parking is available in the Woods Lot at the check in address.

Contact:

Reach out to Ildiko Polony at ildiko@sutrostewards.org with any questions.

We look forward to seeing you on the Mountain!



We ask all our volunteers to use these guidelines as a point of reference to help us foster a safe and inclusive volunteer experience for all. **Volunteers are the heart of our stewardship work.** We strive to be a model of community-based stewardship. Our volunteers are passionate, knowledgeable, talented, and hard-working. We support volunteers to accomplish meaningful, fun, empowering work that helps them feel connected to nature and the community of people who steward Mount Sutro.

Community Guidelines

Maintain Physical Safety at All Times

- Perform only the tasks assigned.
- Observe all safety requirements and use care in the performance of those tasks.
- Only undertake tasks that feel at a comfortable level of ability for you.
- Ask for clarity from staff if you are unsure how to perform a task or handle a tool.
- Do not pick up or handle: sharp objects, glass, needles, toxics or any other potentially hazardous object.
- Do not leave the designated area without checking in with the on-site staff supervisor
- For any questions, please request assistance and report locations of unsafe objects/areas to the on-site staff supervisor.

Respect other Volunteers, Staff and the Public

- At Sutro Stewards we strive to create a safe and welcoming space for all our volunteers. We ask that you be respectful and kind in words and actions towards fellow volunteers, staff and the greater public you interact with. This includes respecting others' right to privacy, physical and emotional safety. We welcome a diverse array of volunteers from different backgrounds, abilities and identities and ask that you be thoughtful in the types of conversation topics approached while volunteering to ensure that everyone feels included and safe. If you are made to feel uncomfortable by another volunteer, reach out to staff so that the issue can be appropriately addressed immediately.

Ask Questions and Stay Curious

- Staff will provide instructions on tool safety, tasks for the day and the scope of where we'll be working. We encourage you to ask questions if you need clarity on instructions or if you're simply curious about the task at hand.

Injury/Incident Reporting

- Report any injury, accident or incident that occurs while volunteering to the on-site staff supervisor immediately

Dismissal

- The need to dismiss a volunteer is rare, but sometimes it is required for the safety and protection of other volunteers, staff and/or the public. Sutro Stewards reserves the right to dismiss any volunteer who does not comply with our Community Guidelines.

ACKNOWLEDGEMENT AND RELEASE FORM

Sutro Stewards

THIS IS TO ACKNOWLEDGE and affirm that we, the undersigned, understand the nature of and rules relating to Sutro Stewards (the "Program") sponsored by the San Francisco Parks Alliance ("SFPA").

We understand that participants and/or volunteers in the Program incur hazards and dangers necessarily associated with participating in the Program's scheduled and unscheduled programmatic events and activities, such as site clean-ups, gardening, tours, events, workshops, classes and general beautification, and in transportation and/or walking to and from the Program's sites. We also understand that, despite SFPA's care for the safety of participants in the Program, SFPA cannot and does not assure such participants freedom from such inherent hazards and dangers that may arise at any time during participation in the Program.

I assume all risks associated with participating in this Program's activity and/or event including, but not limited to falls, contact with other participants, acts of God, natural disasters, terrorism, pandemics or disease outbreaks or any escalation or worsening of any acts of God, natural disaster, terrorism, pandemics or disease outbreak (including the COVID-19 virus), the effects of weather, including high humidity, traffic and the conditions of the road, all such risks being known and appreciated by me.

IN CONSIDERATION of the undersigned participant being allowed to participate in the Program, we hereby agree, to the fullest extent permitted by law, to waive and release SFPA, its affiliates, officers, directors, employees, agents and contractors, and each of them, from any and all liability of whatever nature or kind arising from, or by reason of, any injury or damage which at any time while a participant in the Program may befall the undersigned participant, the undersigned participant's property, or the undersigned participant's family, estate, heirs, administrators, or assigns. We accept total responsibility for any and all medical expenses (including transportation to and from any medical facility) that the undersigned participant incurs while participating in the Program.

This waiver and release covers myself (including all heirs, executors, or administrators) and is given in consideration of acceptance of my registration/entry into the event. We agree to defend, indemnify, and hold harmless SFPA and its affiliates, officers, directors, employees, agents and contractors, and each of them, from and against any and all third-party claims, actions, costs, damages, demands, losses, penalties, attorney's fees and expenses arising out of, or by reason of, the undersigned participant's participation in the Program, including but not limited to injury to or death of any person and damage to property or business of any person, without limitation.

We expressly assume all risks associated with the undersigned participant's participation in the Program.

This Acknowledgement and Release shall apply whether or not SFPA or any of its officers, agents or employees is alleged to be negligent (whether active, passive, concurrent, or sole). This Acknowledgment and Release applies to any causes of action whether past, present, or future, whether foreseen or unforeseen, whether known or unknown. In connection therewith we waive any rights of a creditor under section 1542 of the California Civil Code, which provides:

"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 by him must have materially affected his settlement with the debtor."

We irrevocably grant unconditional permission to SFPA to use the undersigned participant's name, likeness, voice and biographical data. Any such materials may be used in whole or in part, in any and all media without limitation and without compensation, unless prohibited by law. We hereby release SFPA and its officers, agents, and employees from liability in connection therewith.

We acknowledge our responsibility for, and agree to satisfy, any indebtedness the undersigned may incur while a participant in the Program.

This Release and Acknowledgement is intended to be as broad and inclusive as permitted by the law of the State of California, and if any portion is held invalid, the balance shall continue in full legal force and effect.

We have voluntarily signed this Acknowledgement and Release. We have knowledge of and familiarity with the potential risks and dangers relating to the Program, and we have had an opportunity to review and ask questions concerning this Acknowledgement and Release

Check here if the participant's parents maintain separate households but share joint legal custody of the participant. (Please note if you checked the box at left the signature of both parents are required below.)

IN WITNESS WHEREOF, we have executed this Acknowledgement and Release at

_____ on this _____ day of _____, 20____.
(designate place of execution)

NOTE: If and only if the participant is aged eighteen (18) years or older, the following may be executed in lieu of endorsement by parent(s)/guardian(s). I am of lawful and legally competent to sign this Acknowledgement and Release. I understand the terms hereof, and I have signed this document as my own free act.

I am 18 years or older:

Signature of Participant

Printed Name of Participant

Street Mailing Address

City, State, Zip

Email

Phone

If under 18 years of age, sign here:

Signature of Participant

Printed Name of Participant

First Parent/Lawful Guardian of Participant Signature

Printed Name

Second Parent/Lawful Guardian of Participant Signature

Printed Name

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

Description of Activity or Program:

Date(s):

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Participant Name (print) Date of Birth

Participant Signature Date

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print) Signature Date