

YOUTH VOLUNTEER LIABILITY RELEASE FORM

(Youth under 18 years old)

Legal guardians must sign for any minor, individuals under 18 years of age, participating in the joint NSEA & Parks Volunteer Activity.

This form must accompany the participant to the joint NSEA & Bellingham Parks and be given to the leader.



I/we will not hold the City of Bellingham, the employees/volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur, negligence notwithstanding. I therefore hold the City of Bellingham harmless and waive all claims against the

City of Bellingham that arise from my/our volunteer activities.

In the event of injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Further, I/We, realizing no insurance coverage is provided by the City for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in below named program.

Please be advised that participants involved in the Parks Volunteer programs are subject to being photographed and/or video recorded and such photographs or videos may be used to publicize city programs.

Participant's Name: _____

Activity Location: _____

Date of Activity: _____

Is there any information we need to know about this minor in case of an emergency? _____

Parent/Guardian's Signature: _____ **Date:** _____

Phone Numbers Home _____ **Work** _____ **Cell** _____

I/we will not hold the Nooksack Salmon Enhancement Association, employees/volunteers or anyone otherwise involved in named program responsible for any accident or injury that might occur,

negligence notwithstanding. I therefore hold the Nooksack Salmon Enhancement Association harmless and waive all claims against the Nooksack Salmon Enhancement Association that arise from my/our volunteer activities.

In the event of injury or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

I understand that as a registered volunteer under RCW 51.12.035 that the Department of Labor and Industries provides registered volunteers with worker's compensation insurance for medical aid for injuries sustained while engaged in volunteer activities.

I also grant NSEA the right to take photographs or video of this participant at the event, and use of resulting photographs/video for any lawful purpose, including publicity, advertising, illustration, and website content.

