



Volunteer Liability Release Form

Bellingham Parks & Recreation Department, 210 Lottie Street, Bellingham WA 98225
Office Hours: 8 am to 5 pm Monday – Friday – (360) 778-7000
parks@cob.org - cob.org/parks

Participant Name: _____

Activity Location: _____ Date of Activity: _____

I/we will not hold the City of Bellingham, its agents, employees and volunteers, or anyone otherwise involved in City of Bellingham Parks' programs for which I am participating responsible for any accident or injury that might occur, negligence notwithstanding. I therefore hold the City of Bellingham and their respective agents harmless and release and waive all claims against the City of Bellingham that arise from my/our volunteer activities. Further, I/we acknowledge that we are undertaking this activity voluntarily, assume all risks associated with this volunteer activity, and agree that I/we will not perform any work we are not qualified to perform.

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

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

I/We grant permission to the City of Bellingham and its sponsors to use photographs, motion pictures, personal data, recordings or any other record of this event for legitimate purposes.

Is there any information we need to know in case of an emergency?

Emergency Contact Name: _____ Phone: _____
Please Print

Printed Name: _____ Date: _____
Please Print

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
Parent or guardian must sign if participant is a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.

Contact Information:

Phone: _____

E-mail: _____