

Youth Volunteer Liability Release Form

(Youth under 18 years old)

Bellingham Parks & Recreation - 210 Lottie Street, Bellingham WA 98225

Office Hours: 8 am to 5 pm Monday – Friday – (360) 778-7000

parks@cob.org - cob.org/parks



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 of a minor, 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.

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 understand that minors under 14 years old must also be accompanied by an adult.

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.

Participant Signature: _____ **Date:** _____

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

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 of a minor, 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 understand that minors under 14 years old must also be accompanied by an adult.

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.