



PARKS AND RECREATION DEPARTMENT,
3424 Meridian, Bellingham, Washington 98225
Telephone: (360) 778-7000 Fax: (360) 778-7001 TDD: (360) 778-7011

Bellingham Parks Volunteer Program
LIABILITY RELEASE FORM

Participant's Name: _____

Activity Location: _____ **Date of Activity:** _____

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

This form must accompany the participant to the Parks Volunteer Activity and be given to the leader.

I/we will not hold the City of Bellingham, the Bellingham School District, 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 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.

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** _____

(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.)

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