

# Youth Information and Volunteer Liability Release

## MUST BE FILLED OUT AND PRESENTED PRIOR TO START OF EVENT

Youth Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

*Event Activities will include but not be limited to weeding, planting, general park clean-up*

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### ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION OF CLAIMS

As the parent or guardian of the minor identified above ("My Child"), I wish for My Child to voluntarily participate in this King County event, identified above ("Event"). I am aware that this Event involves park improvements such as weeding and planting using hand tools and shovels, and moving woodchip mulch with buckets and wheelbarrows. I understand that participation in this Event poses certain risks and dangers, including, but not limited to, **the hazards of traveling in and hiking in the wilderness and often steep mountainous terrain, the hazards of working in urban parks, using hand construction tools (and of working in the proximity of such tools when used by others), injury or illness in remote places without medical aid, lifting and working on often narrow and precipitous trails, and unforeseen events caused by the forces of nature.** I understand that the risks associated with this Event could result in property damage, personal injury and/or bodily injury, death, or other harmful consequences to My Child or to others. In consideration of My Child's opportunity to participate in the above referenced Event, **I hereby agree to personally assume all risks for any harm, property loss or damage, personal and/or bodily injury, death, or other harmful consequences that may occur to My Child in connection with the Service,** regardless of whether such risks, harm, injury, or damage were foreseen or unforeseen. **I accept full responsibility for the cost to treat any injury suffered by My Child in connection with the Service.**

I agree to waive any right of recovery and I agree to release, indemnify, and defend King County from all liability whatsoever for injury to persons, property loss or damage, or wrongful death caused by the negligent acts or omissions in connection with My Child's participation in the Event. On behalf of myself, my successors in interest, heirs, and assigns, **I understand and agree that King County shall not be held liable to me in any way for any occurrence arising out of or related to the Event that may result in injury, death, or other injuries or damages to me,** my successors in interest, heirs, assigns, or to My Child. **I agree to protect, defend, indemnify, and save harmless King County, its officers, officials, employees, and agents, from any and all claims, demands, suits, penalties, losses, damages, judgments, or costs of any kind whatsoever, arising out of or in any way resulting from My Child's participation in the Event.**

I have legal authority to authorize medical treatment for My Child. **I do hereby authorize a physician and staff or first responder to examine My Child, in the event of an injury or incapacity, to administer medical and/or emergency care, and to arrange for any consultation by a specialist, including a surgeon, as deemed prudent for proper care of any injury or incapacity.** I understand that an effort will be made to contact me prior to any treatment. **I authorize King County to send My Child to the hospital or doctor most accessible. I understand that King County staff or volunteers will not be responsible for administering any medication or medical treatment to My Child.**

I hereby give permission for My Child to be photographed, filmed, videotaped, and/or sound recorded during the Event and authorize King County to use any resulting images, videos, or recordings.

Opt out of Photo Release

***\*Youth Under 18 Years of Age – PARENT OR LEGAL GUARDIAN MUST SIGN!***

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Español



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Tiếng Việt

