



VOLUNTEER AGREEMENT & RELEASE FORM

Youth under 18 must have this form filled out & signed by a parent or guardian. Minors under the age of 14 years must be accompanied by an adult. Minors without signed release forms will not be permitted to participate in any activities.

Name: _____

Address: _____

Phone: () _____

E-mail: _____

In case of emergency, please contact:

Name: _____

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

WAIVER & HOLD HARMLESS

I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Sammamish, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE

I understand that the City is self-insured through Washington Cities Insurance Authority for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

During the duration of my volunteer service, I understand and agree that:

- I will abide by all City policies regarding personal conduct while performing volunteer services.
- Volunteer service may involve difficult conditions, uneven terrain, unanticipated natural hazards, use of equipment, and/or strenuous manual labor and I am dressed appropriately for this.
- I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- It is my responsibility to inform supervising staff on any volunteer activity if I need special accommodations, have a medical condition or life threatening allergies that may impact volunteer tasks.
- I shall not appear for volunteer service under the influence of alcohol or illegal drugs.
- If I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall notify supervising staff as soon as possible. I shall not pick up syringes, broken glass or other sharp materials, or exceptionally large, heavy objects.
- I am to report any on-the-job injury or illness, no matter how minor, to the supervising staff. Should an injury occur during the scope of my service, I understand that the City will include my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
- The City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue my volunteer service without prior notice or reason. Reasons for termination may include, but are not limited to: unsafe or uncooperative behavior or harassment of staff or volunteers.
- Any photographs or video recordings taken while performing volunteer services may be used for publicity purposes.

I have read, understand and agree to the above statements:

Signature: _____ Date: _____

Youth Waiver

ASSUMPTION OF RISK AND RELEASE OF LIABILITY – PLEASE READ CAREFULLY

As the parent or guardian of the minor identified above ("My Child"), and in consideration of My Child's opportunity to serve as a City of Sammamish volunteer ("the Service"), I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with My Child's participation in the Service. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the City of Sammamish, its officials, employees, agents, and volunteers from any and all rights and claims for damages, including attorney fees, whether known or unknown, foreseen or unforeseen, and arising from or in any way connected with My Child's participation in, or transportation to or from, any activity, work, or work site in any way related to the Service.

Labor and Industries does not cover those under the age of 14. Therefore, if your child is under the age of 14 and is injured while volunteering, the City of Sammamish will NOT provide insurance coverage, and, if applicable, your own personal medical insurance may apply.

MEDICAL CARE AUTHORIZATION

I will attest that My Child named below is in good health on the dates he/she is volunteering. In case of medical emergency, after every reasonable effort has been made to contact the above named emergency contact, I hereby give my permission to the physician or emergency responders secured by the adult in charge of the volunteer activities to secure treatment for and to hospitalize, order injection, anesthesia or surgery for My Child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

PARENT/GUARDIAN RESPONSIBILITY

I will take the responsibility to see that My Child is properly prepared for all activities including: having the proper clothing and equipment, and being in good health. I will inform the supervising adults of any particular physical, mental, social or other condition of My Child of which the supervisor should be aware.

By signing this **ASSUMPTION OF RISK AND WAIVER OF LIABILITY** on behalf of a My Child, I hereby acknowledge that I have read, understand and agree to the above conditions on my own behalf and on behalf of My Child:

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____