

Bellevue Parks & Community Services Department CHILD SELF-RELEASE AUTHORIZATION

Name of Child(ren)	/Age(s):		
Name of Program: _			
Start Date:		Stop Date:	
Special Instruction	s:		
him/herself I	n/Out of Bellevue Parks & O	or older and has my permission to sign Community Services volunteer projects at the the accompaniment of an authorized adult.	ne
I named child(ren).	, ai	m the legal parent/guardian for the above	
I authorize my child	's self-release from		
Signature of Parent or Guardian		Date	
If any questions or p	problems arise, call me at:		
Home:	Work:	Cell:	
Email:		(please print)	

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

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Participant's/Parent/Guardian Signature Printed Name

Date