



**VOLUNTEER WAIVER OF LIABILITY / 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 City-sponsored activities, **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 City-sponsored activities. 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.

**PHOTO/VIDEO RELEASE:** I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or [Parksweb@bellevuewa.gov](mailto:Parksweb@bellevuewa.gov).

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above on behalf of myself and/or my child(ren):

**CAUTION**

**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 participation in this volunteer activity.**

I accept the conditions printed above:

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*Volunteer or Parent/Guardian Signature*

*Date*

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*Printed Participant Name*