



**Bellevue Parks & Community Services Department
CHILD SELF-RELEASE AUTHORIZATION**

Name of Child(ren)/Age(s): _____

Name of Program: _____

Start Date: _____ Stop Date: _____

Special Instructions:

- I understand my child is **14 years of age or older** and has my permission to sign him/herself **In/Out** of Bellevue Parks & Community Services volunteer projects at the beginning/end of the program day without the accompaniment of an authorized adult.

I _____, am the legal parent/guardian for the above named child(ren).

I authorize my child's self-release from _____.

Signature of Parent or Guardian _____ Date _____

If any questions or problems arise, call me at:

Home: _____ Work: _____ Cell: _____

Email: _____ (please print)

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.

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):



**VOLUNTEER WAIVER OF LIABILITY / RELEASE
PLEASE READ CAREFULLY**

I understand that my participation in the City of Bellevue (“City”) programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform my assigned tasks in a responsible manner. In consideration of myself and/or my child(ren) being allowed to participate in the volunteer activities identified herein, **I HEREBY AGREE TO ASSUME ANY AND ALL RISKS, INCLUDING RISK OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** associated in any way with my or my child(ren)’s participation in the activities. I further **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the City, its officials, employees, representatives, volunteers, and agents from any and all liabilities, damages, costs, and expenses, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, arising from or in any way connected with my and/or my child(ren)’s participation in the City’s volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.

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.

CAUTION

I acknowledge that I have carefully read this VOLUNTEER WAIVER OF LIABILITY / RELEASE and PHOTO/VIDEO RELEASE 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 the activities identified herein.

City of Bellevue Volunteer Activity: *Natural Resource Division Volunteer Projects*

I accept the conditions printed above:

Volunteer or Volunteer’s Parent/Guardian Signature

Date_____

Printed Volunteer Name

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
COVID-19
PLEASE READ CAREFULLY**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Bellevue has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, using City facilities and/or participating in City programs and activities could increase you and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and **VOLUNTARILY ASSUME THE RISK THAT I OR MY CHILD(REN) MAY BE EXPOSED TO OR INFECTED BY COVID-19** by using the City facility and/or participating in the City programs or activities identified herein **AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH.** I understand that the risk of becoming exposed to or infected by COVID-19 at the facility or in the programs or activities identified herein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and customers and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at the facility or participation in the program or 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 facility or participation in the City programs and activities identified herein. I understand that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City program or activity.

IN ADDITION, I AGREE TO COMPLY WITH ALL COVID-19 SAFETY POLICIES AND PROCEDURES OF THE FACILITY OR PROGRAM/ACTIVITY IDENTIFIED HEREIN.

Natural Resource Division Volunteer Projects

By signing below, I indicate that I accept the conditions printed above:

Customer or Customer's Parent/Guardian Signature

Date

Printed Customer Name