

**INDIVIDUAL VOLUNTEER SERVICE AGREEMENT AND
PARTICIPANT ASSUMPTION OF RISK AND RELEASE**

I, _____, hereby volunteer my services to the City of Bellevue, without compensation, and agree to perform only the services as outlined in the Volunteer Opportunity Description.

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 hereby identify that I am capable of performing the duties as outlined in the Volunteer Opportunity Description without accommodation or with the following accommodation(s):

- I understand that, when not on the Bellevue trail system, I am to report to the Lewis Creek Visitor Center, and ask for the park ranger.
- I understand that additional questions regarding this volunteer opportunity should be directed to the volunteer coordinator, **Curtis Kukal**, at 425-452-4195.
- I understand my duties to be: Walking the City of Bellevue trail system and reporting any issues back to the park rangers – via maps, pictures, logs, and/or emails. I will report trail conditions, dogs-off-leash, graffiti, potentially-hazardous objects, damaged park resources, etc. Picking up and disposing of non-hazardous litter. Removing small branches and debris from the trail corridor. Reporting crimes in-progress, or any situation that endangers human life, by calling 911.
- I understand that my volunteer duties do not include me personally confronting persons breaking park rules or engaged in crimes, but rather to report these situations/conditions.

- I will report to the park ranger (via email, mail, or in-person) once per month with a completed log which lists my volunteer hours and stewarding activities.
- I understand that I will not be permitted to appear for any type of volunteer service under the influence of any drugs or alcohol.
- I understand that I am to report any on-the-job injury or illness, no matter how minor, to my volunteer supervisor.
- I certify that I am capable of performing the duties described and if I am unable to perform the duties, I will immediately notify the volunteer coordinator and not proceed
- _____ I consent to the City of Bellevue performing a background check into my history in accordance with RCW 43.43.834 and waive any right of privacy for the limited purpose of the City considering it for determining my suitability as a volunteer.
- I understand that I or 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 such without prior notice or reason.
- I acknowledge that I understand the policies listed above and have had the opportunity to ask any questions.
- This Agreement will be in effect for the duration of my volunteer services beginning this _____ day of _____, 20____.

CAUTION

BY SIGNING THIS VOLUNTEER AGREEMENT AND ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS.

I accept the conditions printed above.

Participant (signature and date)

Guardian (signature and date)

* required if participant is under 18 years of age

Participant (print name)

Guardian (print name)

Participant Date of Birth _____

Address _____

Phone _____