



## Department of Natural Resources and Parks

### \*YOUTH - Volunteer Information and Liability Release

**MUST BE FILLED OUT AND PRESENTED PRIOR TO START OF PROJECT**

Youth Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Email address (youth or parent): \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Project Location: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

*In case of emergency, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

#### **ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION OF CLAIMS**

As the parent or guardian of the minor identified above ("My Child"), and in consideration of My Child's opportunity to serve as a King County and Serve our Dog Areas (S.O.D.A.) volunteer ("the Service"), **I hereby agree to personally assume all risks for any harm, injury or damage that may occur to My Child in connection with the Service**, regardless of whether such risks, harm, injury, or damage were foreseen or unforeseen. **I accept full responsibility for the cost to treat any injury suffered by My Child in connection with the Service.**

I hereby exempt and release King County and Serve Our Dog Areas (S.O.D.A.) from all liability whatsoever for personal injury, property loss or damage, or wrongful death, caused by negligence in connection with the Service. On behalf of myself, my successors in interest, heirs, and assigns, **I agree that King County and Serve Our Dog Areas (S.O.D.A.) shall not be held liable to me in any way for any occurrence arising out of or related to the Service that may result in injury, death, or other injuries or damages to My Child. I agree to protect, defend, indemnify and save harmless King County and Serve Our Dog Areas (S.O.D.A.), its officers, officials, employees and agents, from any and all claims, demands, suits, penalties, losses, damages, judgments or costs of any kind whatsoever, arising out of or in any way resulting from the Service**, except for such acts or omissions as may constitute gross negligence by King County and Serve Our Dog Areas (S.O.D.A.).

I grant permission to photograph My Child during the Service and to use their image.

**\*Youth Under 18 Years of Age – PARENT OR LEGAL GUARDIAN MUST SIGN!**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_