



Youth Volunteer/Service-Learning Waiver

Youth Release Form

For and in consideration of my child's participation in the City of Tukwila volunteer program (the "volunteer program"), a voluntary, public/private cooperative program, I hereby release, hold harmless, and forever discharge the City of Tukwila, and their officers, agents, employees, and volunteers ("the released parties") from any and all claims, demands, damages, costs, actions, or liability arising from or in any way related to my child's participation in, or transportation to or from the volunteer program. I understand and acknowledge that this Release discharges the released parties from any liability or claim that I may have against them with respect to bodily injury, personal injury, illness, death, or property damage that may result from my child's participation in the volunteer program. I understand that my child's participation in the volunteer program may include activities that are hazardous to him or her, and I hereby expressly assume risk of injury or harm from these activities and release the released parties from all liability. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

I hereby consent to and authorize such emergency or other medical treatment of my child as may be deemed advisable in the event of accident, injury, or illness during the activities of the volunteer program.

I also understand that my child may be photographed or appear in video for such purposes as the volunteer program deems necessary.

I, the undersigned referred to as the parent(s) or legal guardian(s) of the Minor listed below, do hereby represent that I/we am/are, in fact, acting in such a capacity and agree to save and hold harmless and indemnify each and all the parties herein referred to above.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY ACCEPTED AND AGREE TO THE ABOVE CONSENT, NOTICE OF ASSUMPTION OF RISK, WAIVER OF LIABILITY, INDEMNIFICATION, AND PHOTO RELEASE. I FURTHER UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.

Name and Signature of parent or guardian			Date:
Name of participant (please print):		Age:	
Address:			
<input type="checkbox"/> Yes! The undersigned give permission for the youth participant to be photographed and/or filmed and have their image used by the City of Tukwila or partner organizations involved with the community project. This includes using their images on social media, website, flyers, and presentations.			
Emergency Contact Name:		Emergency Phone Contact:	
Emergency Contact Name:		Emergency Phone Contact:	
Email: (to receive info about volunteer opportunities)			