



WAIVER OF LIABILITY AND MEDICAL ALERT

In consideration of voluntary participation in projects such as clean-ups, re-vegetation projects, or trail construction by the City of Olympia, I hereby for myself, my heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether now known or unknown, against the City of Olympia, its elected officials, employees, agents, volunteer workers, and private landowners, for any injuries suffered in connection or arising out of participation in said activities. I understand that I will be volunteering my time to work on these projects and therefore will not be compensated monetarily or otherwise by the City of Olympia. I release photographic images to be used for promotional purposes of events and programs.

PLEASE PRINT

Date _____

Participant's Name _____

Street _____

City and Zip Code _____

List any medical conditions: (known allergies, illnesses or potentially debilitating conditions) _____

Emergency Contact (Name & Phone) _____

Signature of Participant _____

Signature of Parent or Guardian _____

(required for participants under 18 years of age)

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