



# WAIVER OF LIABILITY AND MEDICAL ALERT

In consideration of voluntary participation in projects or recreation programs 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, Olympia School District 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 \_\_\_\_\_

Address \_\_\_\_\_

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)*

**Experience It!**<sup>TM</sup>

Parks • Arts • Recreation