

Group/Event Name:

VOLUNTEER GROUP PROJECT REGISTRATION AND ASSUMPTION OF RISKS AND RELEASE FORM

Contact Phone:

In consideration of permission to participate in City of Renton volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** associated with participation in this activity; I agree to **RELEASE** the City of Renton, their employees, agents, representatives, and volunteers from any or all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS AND RELEASE** for my heirs, estate, executor, administrator, assignees, and for all members of my family. I acknowledge that my service is voluntary in nature and I will **NOT** be eligible for any benefits or monetary compensation, including but not limited to, unemployment, wages, etc., for the work performed. Furthermore, I give my **PERMISSION** to have photos/video tapes taken, without recompense, during said volunteer activities and used for publicity purposes. I will abide by the Safety guidelines as explained to me during the Volunteer Safety Orientation.

Contact Name:

Project Site:	Staff Orientation Completed By:		Date: e child. Children without parent/guardian need to have waiver signed.		
* Children present with parent/guar	dian will have the adult sig	ın on the grey line for the	child. Children without parent/gua	rdian need to have v	vaiver signed.
Name (Print & Sign)	Organization/ Group (if applicable)	Cell Phone	Emergency Contact & Phone	TIME IN	TIME OUT
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