ADOPT-A-PARK VOLUNTEER
RELEASE WAIVER AND HOLD HARMLESS

The City of Burien Adopt-A-Park program is for volunteers who donate their time to help keep the city clean. Participants are advised that working adjacent to a city street or in a city park can be hazardous. Participants shall exercise proper care in performing litter collection activities. Participants must wear the safety vests furnished by the city, and must wear appropriate protective clothing such as long pants and a long sleeve shirt, and thick-soled boots or shoes.

Participants may be entitled to receive full coverage for medical treatment required for injury incurred during participation in the Adopt-A-Park program under the medical aid provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death.

As a volunteer for the City of Burien, I agree to follow all of the rules outlined in the Adopt-A-Park program policy. I acknowledge that city personnel will provide direction and limited supervision regarding my duties as a volunteer. I will use all provided equipment appropriately and follow all safety practices.

I am aware that the work associated with the Adopt-A-Park program involves certain risks of physical injury and death. Being fully informed as to these risks and in consideration of being given the privilege to participate in the Adopt-A-Park program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program and I further hold harmless the City of Burien, its officials, employees and agents for any injury or damages which may occur to me while I am participating in this program and I waive any right to bring claim or lawsuit against them for any such injury, damage or death. Furthermore, I agree to hold harmless, defend and indemnify the City of Burien, its officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the Adopt-A-Park program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

_____ _____ _____

Participant's Name (Please print) **Age** **Date of Birth**

_____ _____

Signature of Participant **Date**

(If participant is less than 18 years old, the following section must also be completed by a parent or guardian.)

I certify that I am the parent or legal guardian of the participant above-named; that I have read and understood the foregoing release and waiver; and that I, in consideration of allowing the participant to participate in the City's Adopt-A-Park program, join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage or death of the participant as against the City of Burien, its officials, employees and agents. I further grant my full consent and authorization for the above-named participant to engage in the activity described above. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while working in the Adopt-A-Park program.

_____ _____

Parent or Guardian Name (Please print) **Contact Phone Number**

_____ _____

Signature of Parent or Guardian **Date**