

Liability Waiver and Photo Release for Greenway Volunteer Events



Location: _____

Date: _____

Land Manager: Washington State Parks

The undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases the Mountains to Sound Greenway Trust, Washington State Parks, and their officers, officials, employees, agents and partners from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the Mountains to Sound Greenway Trust, Washington State Parks, and their partners and agents, from and against any and all claims, damages, actions, liability and expenses including attorney’s fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the Undersigned’s activities and participation in volunteer services at the above named site. The Undersigned further acknowledges and agrees that the Mountains to Sound Greenway Trust, Washington State Parks, and their partners and agents, do not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the Mountains to Sound Greenway Trust, Washington State Parks, and their partners liable for any loss or damage to same. The undersigned gives his or her permission to be photographed/filmed and have his/her image used by Mountains to Sound Greenway Trust, Washington State Parks, and their partners, without compensation.

ADDENDUM TO WAIVER AND RELEASE FOR MINOR PARTICIPANTS.

A parent or legal guardian must sign for each participant who is a minor (under 18).

By signing this Waiver and Release, I, as parent or guardian, agree to the following terms on behalf of my child, in addition to all of the terms set forth above, including but not limited to the release and Indemnification language:

- **Status:** I am a parent or legal guardian of the minor child named below. I am of lawful age and legally competent to sign this Waiver and Release.
- **Medical Care Authorization:** My child is in good health, except as I have informed the activity supervisors **in writing** on the date he/she is participates in this activity. I hereby authorize emergency medical treatment for my child. I accept full responsibility for all medical expenses incurred as a result of my child’s participation in this activity.
- **Parents’/Guardians’ Responsibility:** I will take the responsibility to see that my child is properly prepared for this activity, including having the proper clothing and equipment and being in good health. I have informed the supervising adults **in writing** of any particular physical, mental, social, or other condition of my child of which the supervisor should be aware.

I AGREE I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER & RELEASE BY READING IT AND AGREEING TO ITS TERMS.

Name	Are you a veteran? Y / N		
Address			
Street		City	Zip
Email	Monthly E-News Y / N		
Emergency Contact			
if we can’t get ahold of you		Name	Relationship
			Phone

Are you 17 or younger? ☐ Yes ☐ No

Printed Name of Parent/Guardian: _____

Participant Signature (or parent/guardian signature if participant is 17 or younger)

_____ Date _____