

Waiver Form

In consideration of my participation in this City of Redmond, Division of Natural Resources' activity, I do hereby, for myself, my heirs, executors, and ad ministrators, waive, release, and forever discharge any and all rights and claims against the owners and/or developers of the private property which we may need to occupy or cross to access a stream, wetland, or project site; and the City of Redmond, their officers, volunteer team leaders, even t sponsors and/or assigns for any and all loss or damages which may be sustained and suffered by me in my traveling to, participation in, and returning from the volunteer projects.

In case of emergency, accident or illness I give my permission to be treated by a professional medical person and be ad mitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. Further, I give my permission to have photos or videos taken, without recompense, during said volunteer activity to be used for publicity purposes.

I have read the above statement, and I understand it and my signature is confirmation of my full acceptance of its items.

Participant Signatur	e Date			
Guardian Signature	(if under participan	at is under 18)	Date	
Yes! Please co	ontact me for future	restoration even	ts!	
Please print your na	me			
Address		WA		
City		, WA, Zip		
Phone: ()				
Email:				
05/10; PH				