



**Release and Waiver of Liability for Minor Volunteer**

**PLEASE READ CAREFULLY!**

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

Information From The Parent Having Legal Custody Or Legal Guardian (“Parent/Guardian”):

Parent or Guardian’s Full Name:	
Phone Number:	
Email:	

Full Name of Minor (“Volunteer”):	
Phone Number:	
Email:	
Minor’s Date of Birth:	

**Release and Waiver**

This Release and Waiver of Liability (the Release) executed on this day by the minor child (the “Volunteer”), and the parent having legal custody and/or the legal guardian of the volunteer (the “Parent/Guardian”), in favor of Snohomish County, acting through its Health Department, a public agency, its board members, officers, employees and agents (collectively, the “County”).

The Volunteer and Parent/Guardian desire that the minor child work as a volunteer for the County and engage in the activities related to being a volunteer (the “Activities”). The Volunteer and the Parent/Guardian understand that the Activities may include but are not limited to, volunteering at off-site events and working in the County offices.

The Volunteer and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

**Release and Waiver.** Volunteer and Parent/Guardian do hereby release and forever discharge and hold harmless the County and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with the County.

Volunteer and Parent/Guardian understand that this Release discharges the County from any liability or claim that the Volunteer or Parent/Guardian may have against the County with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with the County whether caused by the negligence of the County or its officers, board members, employees, or agents, or otherwise. Volunteer and Parent/Guardian also understand that the County does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer and Parent/Guardian do hereby release and forever discharge the County from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with the County or with the decision by any representative or agent of the County to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.



**Insurance.** The Volunteer and Parent/Guardian understand that, except as otherwise agreed to by the County in writing, the County does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

**Photographic release.** Volunteer and Parent/Guardian do hereby grant and convey unto the County all right, title, and interest in any and all photographic images and video or audio recordings made by the County during the Volunteer's work for the County, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other.** Volunteer and Parent/Guardian agree that in the event that any clause or provision in the release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clauses or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**Agreed:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Minor Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date