



**CITY OF BAINBRIDGE ISLAND
PARENTAL AUTHORIZATION FOR WORK PARTIES, PROJECTS & EVENTS**

ASSUMPTION OF RISK, WAIVER & RELEASE

Date of Project/Event:

Name of Project/Event:

Name of affiliated outside group: _____

Location:

I am the parent or legal guardian of _____ who desires to be a volunteer participant in the above project or event.

It is important to me that this child be allowed to participate in this activity. I understand that the City is not providing supervision of my child. I further understand there may be special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this activity or event and/or use of City facilities, I on behalf of myself and on behalf of the above-named participant child, assume all risk of injury, damage and harm that may arise from participation in activities or use of City facilities. I further agree individually and on behalf of the above-named child, to release and hold harmless the City of Bainbridge Island, its officials, employees and agents and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I grant my full and voluntary consent for the above-named child to participate in the activity described above.

Signature of Parent/Legal Guardian

Phone: (_____)_____

Printed Name of Parent/Legal Guardian

Date

Please return form to:

City of Bainbridge Island
Executive Department
280 Madison Avenue North
Bainbridge Island, WA 98110-1812