



**City of Tacoma  
Public Works  
Environmental Services**

**CITY OF TACOMA  
Open Space Program  
Parent/Legal Guardian Volunteer Participant Agreement  
Assumption of Risk, Waiver, Release, Indemnity**

**Parent/Legal Guardian Permission and Assumption of Liability Waiver  
Required if Volunteer is a minor (Under 18 Years Old)**

As a Parent/Legal Guardian I, (print name) \_\_\_\_\_ hereby grant my permission for the below named minor child (Minor Volunteer) to participate as a volunteer for the City of Tacoma. I acknowledge, agree and understand that said participation may involve risks of personal injury, property damage, and death involved in participating in the Project. On behalf of myself and the minor volunteer below, I agree to assume the liability and obligations referenced above and to release and hold harmless the City of Tacoma and its agents, representatives, and employees of and from all claims which might arise out of the Volunteer's activities. I hereby agree to hold harmless and indemnify the City of Tacoma from any and all claims, losses, or damages arising out of the below named minor child's participation in this program. I understand that the City of Tacoma provides workers' compensation coverage for medical costs only. I give PERMISSION for the below named minor child TO BE PHOTOGRAPHED AND/OR FILMED and have the child's image used by the City of Tacoma and its partners.

**Emergency Medical Treatment Authorization**

As the Parent/Legal Guardian of the minor volunteer below named, I, (print name) \_\_\_\_\_ authorize qualified emergency medical personnel, including a physician and staff, to examine the below named minor child, and to administer emergency care or treatment deemed necessary. A reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree and understand that I shall be solely responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

Print Name of Volunteer	Date of Birth
Signature of Volunteer	Date
Signature of Parent or Guardian (if under 18)	Date

Please list below any medical information that would be needed in case of an emergency:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus immunization/booster: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known allergies, physical limitations or other information: \_\_\_\_\_