



Earn Community Service

Volunteer at Kelsey Creek Farm's Special Event

When: Saturday, October 13
10 a.m.-1 p.m. or 12:30 p.m.-3:30 p.m.

Sunday, October 14
10 a.m.-1 p.m. or 12:30 p.m.-4:00 p.m.

You may work one or both shifts.



Who: All volunteers must be at least 14 years of age.
Volunteers need to dress to work outside and appropriately.

How: Call Pam at 425-452-7688 or email pmyers@bellevuewa.gov
You must sign up prior to the event. You must register by Monday, October 8. Volunteers will not be accepted day of the event. All volunteers must sign attached waiver and bring the day of the event or mail it to City of Bellevue, Attention Pam Myers P.O. Box 90012, Bellevue, WA 98009-9012

Where: Kelsey Creek Farm 410 130th PL SE Bellevue (see map for driving direction and where to park)

Why: Volunteers are the key to making this event possible. We need you! Great way to earn community service while assisting with children's activities.



Sponsored by the City of Bellevue



**VOLUNTEER PARTICIPANT
WAIVER OF LIABILITY AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY**

I understand that my participation in the City of Bellevue (“City”) programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform my assigned tasks in a responsible manner. In consideration of being allowed to participate in volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in this activity. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the City, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the City’s volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.

PHOTO RELEASE

Furthermore, I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

CAUTION

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my participation in this volunteer activity.

I accept the conditions printed above:

Participant Signature

Date

Print Participant Name

A parent or guardian signature is required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date