

Stewardship Waiver Form

In consideration of voluntary participation providing my services to the City of Tumwater, I hereby for myself, my heirs, executors, assigns, and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether now known or unknown, against the City of Tumwater, its elected officials, employees, agents, volunteer workers, and private landowners, for any injuries suffered in connection or arising out of participation in said activities. I am aware that the work associated with being a volunteer involves certain risk of personal injury or even fatality. Working with provided tools and equipment may be hazardous and training in the proper use of power equipment is a requirement prior to participation. Participants shall dress appropriately with proper footwear and exercise care during activities by utilizing personal protective equipment (PPE) including, but not limited to: gloves, hard hats, safety eyewear, vests, and ear plugs as necessary to reduce or eliminate the possibility for injury. No minor under the age of 18 may use power equipment provided by the City.

I agree to abide by all of the following requirements when assuming a volunteer role with the City:

- A. I will not appear for volunteer service under the influence of any substance that would impair my ability to perform services safely and effectively.
- B. I will abide by stated terms of the project, City requirements, and maintain appropriate conduct.
- C. It is my responsibility to ask questions, seek guidance, and participate in training as required with regards to what services I am to perform and in utilizing any equipment provided by the City. This may include watching safety videos, live demonstrations, or online activities prior to performing services.
- D. I understand that my personal safety is critical when volunteering, and I agree to maintain awareness and communicate any concerns, violations, or accidents immediately to a City employee or its designee.
- E. Participation may involve City employees taking photographs, videos, or recordings for publicity during an event, and I grant my full permission for the City or its designee to utilize any such materials as it deems necessary.
- F. As applicable, I agree to submit to a background check in accordance with RCW 43.43.830-839 and waive any right to privacy with regards to information used to determine my suitability to volunteer whenever my services provide unsupervised access to children, developmentally disabled persons, and vulnerable adults or when working with confidential information.
- G. Either I, or the City of Tumwater, may terminate this agreement at any time without cause, and I understand my volunteer service is at-will, and I may be asked to discontinue such without prior notice or reason.
- H. I assume all risk of injury, damage and harm to myself arising from any volunteer activities in which I participate with the City while providing service, during transport provided by the City, or traveling to and from the site.

- I. I agree to allow any necessary emergency medical treatment, if required, while performing services as a City volunteer.
- J. I have read and agree to the aforementioned requirements to perform as a City volunteer as indicated by affixing my name as a participant in this group activity.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I hereby give the City of Tumwater permission to use and publish images or photographs of me and/or my child for editorial, marketing and promotional purposes in print or electronic media. Furthermore, the City is allowed to use my and/or my child's name, or otherwise identify me and/or my child in association with any photo in which I and/or my child appears. No financial or other liability to me and/or my child will be incurred by the City or the photographer as a result of such use. I agree to personally assume all risks in connection with this program and to release and hold harmless the City of Tumwater, its officers, and employees from any responsibility for injury or damage, which may befall me while I am participating in this program.

PLEASE PRINT

Participants Name: _____

Date: _____ Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____

Emergency Contact (Name and Phone Number): _____

List any medical conditions: (allergies, illnesses, or potentially debilitating conditions)

Signature of Participant: _____

Signature of Parent of Legal Guardian: _____

(Required for participants under 18 years of age)