



VOLUNTEER GROUP PROJECT REGISTRATION

Participants Assumption of Risks and Release

In consideration of permission to participate in City of Renton volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** associated with participation in this activity; I agree to **RELEASE** the City of Renton, their employees, agents, representatives, and volunteers from any or all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS AND RELEASE** for my heirs, estate, executor, administrator, assignees, and for all members of my family. I acknowledge that my service is voluntary in nature and I will **NOT** be eligible for any benefits or monetary compensation, including but not limited to, unemployment, wages, etc., for the work performed. Furthermore, I give my **PERMISSION** to have photos/video tapes taken, without recompense, during said volunteer activities and used for publicity purposes. I will abide by the Safety guidelines as explained to me during the Volunteer Safety Orientation.

Group Name: _____ Contact Name: _____

Project: _____ Contact Phone: _____

Date(s) of Service	Name (Print & Sign)	Organization /Group (if applicable)	Address (Include city and zip)	Phone with area code	Emer. Contact and phone	Hours

Department/Division: _____

Total Volunteers: _____

Staff Contact: _____

Total Hours: _____



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