info@LICA.us

ourlummiisland.org

P. O. Box 163
Lummi Island, WA, 98262-0163

MINOR VOLUNTEER RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND PHOTOGRAPHY PERMISSION

IN CONSIDERATION for being permitted to participate as a Volunteer in a Lummi Island Community Association (LICA) volunteer event ("Activity"), I, for myself and my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of LICA activities and that I am in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND THAT: (a) a volunteer Activity may involve risks and dangers; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, or the conditions in which the Activity takes place; and (c) I fully accept and assume all such risks and all responsibilities for injuries I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE LUMMI ISLAND COMMUNITY ASSOCIATION, their respective administrators, directors, officers, and employees, other participants, any sponsors, advertisers, and owner and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, or damages on my account caused or alleged to be caused by the negligence of the Releasees.

4. FULLY GRANT PERMISSION to LUMMI ISLAND COMMUNITY ASSOCIATION, and its agents, employees or assigns, the irrevocable right to use the photographs taken of me for use in any LICA publications or display boards, and to use such photographs in electronic versions of the same publications or on web sites or other electronic form or media, without notifying me.

GENERAL ACTIVITY: Volunteering for LICA often requires physical exertion working on a variety of landscapes doing trail and other hard work. I understand I may be working with shovels, pruners, chainsaws,handsaws, and other tools to make the job more efficient. I may also be exposed to a variety of elements that may include sudden weather changes, uneven and/or rough terrain, poisonous plants, stinging insects, and wildlife (these are just examples and not an entire list). I will contact and discuss activities with LICA staff before performing tasks that may be of concern.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature.

Special Considerations: *Please list limitations below before engaging in any volunteer activity.* _____

_____

Printed Name: _____

Email: Phone:_____

Mailing Address: _____

Participant's Signature: _____ **Date:** _____

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VOLUNTEER ADDENDUM MINOR

Volunteer Info *(please fill out form completely)*

Name: _____

Address: Phone: _____

Email: _____

FOR VOLUNTEERS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST EXECUTE THE LUMMI ISLAND COMMUNITY ASSOCIATION VOLUNTEER RELEASE AND THE PARENT OR GUARDIAN MUST COMPLETE THIS MINOR ADDENDUM

I, _____ (name of parent or guardian), the parent or legal guardian of _____ (minor's name) (the "Minor"), hereby acknowledge that I carefully read and signed the volunteer release on behalf of the Minor. I further represent that I have the legal capacity and authority to act on behalf of the Minor.

Printed Name of Minor: _____ **Age of Minor:** _____

Printed Parent/Guardian Name: _____ **Relationship to Minor:** _____

Signature of Parent/Guardian: _____ **Date:** _____