



VOLUNTEER SIGN-IN SHEET

Date: _____ Project/event oversight and general supervision by Bainbridge Island Metro Park & Recreation District
 Project/event name: _____
 Location: _____ Name of affiliated outside group (if any): _____

I understand that volunteering for the Park District involves inherent risk, which could, depending on the tasks involved, result in property damage and/or bodily injury (up to and including death), even when such tasks are performed in a safe manner. I also understand that volunteering for the Park District involves risk of exposure to and infection by the novel coronavirus, COVID-19, which is highly contagious and spread through person-to-person contact (breath and physical contact) and contact with stable surfaces. I understand that exposure and infection can result from the actions and/or omissions of me, members of the public, and Park District employees, agents and contractors, and that infection could result in illness, bodily injury, permanent disability and/or death. Although the Park District has implemented preventive measures, such as participant screening, social distancing and sanitizing surfaces, to reduce the spread of COVID-19, risk of exposure and infection cannot be eliminated entirely.

By filling in the information and signing below, I hereby, on behalf of myself and/or, if signing for a minor for whom I have legal responsibility, on behalf of both myself and such minor, in consideration for participation in the above-described project/event: (i) give permission for myself and/or the minor to participate as a volunteer in the project/event; (ii) assume the risk and all responsibility for my and/or the minor's health and safety when volunteering for the Park District; (iii) waive and forever release the Park District and its employees, agents and contractors from any and all claims (including those for illness and bodily injury) arising out of or relating in any way whatsoever to my and/or the minor's participation as a volunteer for the Park District, even though said claims may arise out of the negligence of the Park District and its employees, agents and contractors; (iv) limit the Park District's liability to the applicable limits of the Park District's applicable insurance policy if the foregoing release is adjudged to be unenforceable; (v) agree to defend, indemnify and hold the Park District and its employees, agents and contractors harmless from and against any and all claims (including those for illness and bodily injury), damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my and/or the minor's participation as a volunteer for the Park District; (vi) agree to notify the Park District if I and/or the minor test positive for COVID-19, have been exposed or potentially exposed to COVID-19, or am experiencing symptoms associated with COVID-19, including, without limitation, fever, shortness of breath, cough, and loss of taste or smell; (vii) acknowledge that I and/or the minor will receive no compensation from the Park District for services rendered as a volunteer; (viii) give the Park District permission to photograph and videotape me and/or the minor while participating as a volunteer and to use the photographs and video footage for marketing and promotional purposes; and (ix) agree that I and/or the minor will receive no compensation for the Park District's usage of the photographs and video footage, and that the photographs and video footage will belong exclusively to the Park District.

PLEASE PRINT:

NAME OF VOLUNTEER	PHONE	EMAIL ADDRESS	EMERGENCY CONTACT (NAME AND PHONE)	SIGNATURE OF ADULT VOLUNTEER	PARENT OR GUARDIAN SIGNATURE FOR MINOR VOLUNTEER

NAME OF VOLUNTEER	PHONE	EMAIL ADDRESS	EMERGENCY CONTACT (NAME AND PHONE)	SIGNATURE OF ADULT VOLUNTEER	PARENT OR GUARDIAN SIGNATURE FOR MINOR VOLUNTEER