

# Parent/Legal Guardian Assumption of Risk, Waiver and Release



Human Resources  
3715 Bridgeport Way W  
University Place, WA 98466  
PH: (253) 566-5656 FAX: (253) 460-2541

I am (we are) the parent(s) or legal guardian(s) of (insert child's name here), who desires to be a participant in the City of University Place-sponsored volunteer activity of:(describe here)

\_\_\_\_\_

\_\_\_\_\_

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand that there are special dangers and risks inherent in this activity including, but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City allowing my child to participate in this sponsored activity and/or use of City facilities, I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of University Place, its officials, employees, and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me (us) arising out of the child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Address of Child Participant: \_\_\_\_\_

\_\_\_\_\_

Phone Number for Child Participant: \_\_\_\_\_