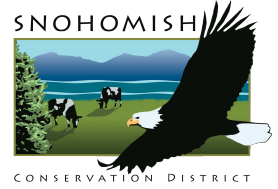




Snohomish Conservation District / Project Harvest
Volunteer Release of Liability/Media Agreement



By signing below I acknowledge that the potential for injury exists in volunteer assignment(s) and hereby assume the risks of volunteering. I hereby waive, release and discharge from any and all claims or liabilities for personal injury, property damage and damages of any kind that arise out of or relate to my participation in volunteer assignments to the Volunteers of America, Snohomish Conservation District, Project Harvest, Snohomish County Food Bank Coalition, Rotary First Harvest, partnering organizations, the venue at which I volunteer (local farms and gardens), and sponsors and supervisors of all activities, from any liability in connection with any injury (including any injury caused by negligence). I agree to comply with all the rules and regulations of Participating Organizations and the respective volunteer sites. Applications for minors (ages 18 and under) will be accepted only with a parent's signature.

By checking this box and signing below, I hereby assign the rights to the video and/or photographic recording(s) made of me (or my minor children) during the course of this event, to Participating Organizations. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recording(s) for purposes deemed suitable by Participating Organizations. I hereby waive any right to approve the finished products.

Please check this box if you do not wish to have you or your child's video and/or photo taken for any purposes such as media, publicity, advertising, or web content.

I certify that I am **over 18 years of age**, or have permission of a parent/guardian, in good health and able to participate in the program activities. I have read the foregoing release, authorization and agreement, and I fully understand the contents.

Signature: _____ **Date:** _____

Full Name: _____

Email: _____ **Home Phone:** _____ **Cell Phone:** _____
 (Area Code) (Area Code)

Home Address: _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____

Parental Consent/Release: If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian. I hereby consent and agree, as a parent or legal guardian of the individual above, to all the terms and provisions as stated.

Signature: _____

Date: _____

Name (please print): _____

Relationship to minor: _____

Day Phone: _____

Other Phone: _____