



**City of Bremerton**

345 6<sup>th</sup> Street, Suite 600  
Bremerton, WA 98337  
Phone 360-473-2345 Fax 360-473-5161

# VOLUNTEER PROJECT ASSUMPTION OF RISK, WAIVER AND RELEASE

Project Location \_\_\_\_\_ Date of Project: \_\_\_\_\_

Scope of Project: Please provide a specific description of the project you (and/or your organization) would like to undertake. Please include photos, drawings, list of supplies and/or materials if applicable. Please use additional pages if necessary.

---

---

---

---

---

Department: \_\_\_\_\_ City of Bremerton  
Project Coordinator: \_\_\_\_\_

***Please read the following: your signature indicates you understand and agree. Any questions please check with the Project Coordinator.***

***VOLUNTEER WORKERS***

I understand that as volunteer worker as defined by RCW 51.12.035, I agree to submit the number of hours volunteered to the Project Coordinator. I agree to abide by the policies, procedures and guidelines set forth by the City of Bremerton.

***VOLUNTEER - NOT AN EMPLOYEE OF THE CITY OF BREMERTON***

I acknowledge that as a volunteer I will not represent myself as, or claim to be an officer or employee of the City of Bremerton or claim any right, privilege or benefit which would accrue to an employee of the City of Bremerton. I understand that I will not receive any personal compensation for services rendered through volunteer activities.

***NON-DISCRIMINATION***

Volunteers are considered for service without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

***PUBLIC RECORD***

Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request.

***ACCIDENTS/INJURIES WHILE VOLUNTEERING***

If an accident occurs while performing as a volunteer, the accident must be reported to the Volunteer Project Coordinator immediately or within 24 hours. It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation medical aid benefits as described in RCW 51.12.035. Failure to document volunteer time and names may make volunteers ineligible to receive such benefits per RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the City's self-insured liability program. For specific information please contact the City of Bremerton Risk Management Specialist (364) 473-5302.

**ASSUMPTION OF RISK, WAIVER AND RELEASE**

I am fully aware that the work associated with being a City of Bremerton Volunteer involves risks of physical injury or death. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I agree to follow safety precautions and take full responsibility for my actions and for my physical condition. Being fully informed as to the risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and agree to hold the City, its officials, employees and agents harmless against all claims, loss, liability or expense, including attorney's fees for any personal injury, death or other consequence which may result from my participation in volunteer activities.

| Date          | Start Time | End Time | Total Hours | Print Name | Signature<br><small>For youth 14-17 years of age parent or legal guardian must also sign.</small> | Under 18? |
|---------------|------------|----------|-------------|------------|---|-----------|
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
|               |            |          |             |            |   |           |
| <b>Totals</b> |            |          |             |            |   |           |

Reviewed and Approved  
by Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*FORWARD THIS FORM TO RISK MANAGEMENT NO LATER THAN THE 5<sup>TH</sup> OF EACH MONTH FOLLOWING VOLUNTEER SERVICE\*\*\***