

PARKS AND RECREATION DEPARTMENT, 3424 Meridian, Bellingham, Washington 98225 Telephone: (360) 778-7000 Fax: (360) 778-7001 TDD: (360) 778-7011

LIABILITY RELEASE FORM

Participant's Name:	Program Name:	Program date:
	essfully participate in our programs please call <i>a</i> to best serve your needs. Please note that acc as possible.	
coverage is provided for the participan might occur while participating in abov Bellingham School District, employees accident or injury that might occur.	g release. Parents or guardians must sign for m t, will assume financial responsibility for any co ve named program. Furthermore, I/we will not ho /volunteers or anyone otherwise involved in na	ost relating to any accident or injury that old the City of Bellingham, the
(Parent or guardian must sign if particle egally determined incapacity.)	cipant is a minor or an adult whose capacity to	provide consent is limited by actual or
· · · · · · · · · · · · · · · · · · ·	olved in Parks and Recreation programs are subject os may be used to publicize city programs.	to being photographed and/or video