

Each year on July 4th family and friends join together to celebrate America's freedom and independence.

*Help us by volunteering.*

After volunteering stay and watch the fabulous fireworks.

*Volunteer positions are limited.*

Please sign up in advance. All applications must be received by June 20. Confirmation will be sent by June 27.

Thank You



City of Bellevue Parks Dept.  
P.O. Box 90012  
Bellevue WA 98009-9012  
Pam Myers, NWAC



# Volunteer July 4

★ Earn ★★  
Community Service



Bellevue Parks &  
Community Service  
**WANTS YOU**





**Who:** Anyone +16 years

**Volunteer Shift:** July 4

4:15 pm-9:30 pm

**Arrive at 3:15pm for a food voucher to Quiznos**

All volunteers must arrive no later than 4:15pm for a mandatory orientation. All volunteers will receive a sports water bottle

**Where:** Bellevue Downtown Park  
10201 NE 4th

**What:** Assist the public in various areas

**How:** Please complete the attached application and waiver. The waiver must be signed . Mail it to:

City of Bellevue Parks Department  
P. O. Box 90012  
Bellevue WA 98009  
Attention: Pam Myers NWAC

**Questions:** pmyers@bellevuewa.gov  
or call 425.452.4106

### **VOLUNTEER PARTICIPANT WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I understand that my participation in the City of Bellevue ("City") programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform my assigned tasks in a responsible manner. In consideration of being allowed to participate in volunteer activities, I hereby agree to assume the risks or property damage, injury, illness or death in any way associated with my participation in this activity. I agree to release, defend, indemnify and hold harmless City, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the City's volunteer activities. I agree that the terms stated herein shall also serve as a waiver of liability and assumptions of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.

#### **PHOTO RELEASE**

Furthermore, I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my participation in this volunteer activity. I accept the conditions printed above:

*Participant Signature*

*Date*

A parent or guardian signature is required if the participant is under 18 years of age. By signing this waiver of liability and assumption of risk on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

*Parent or Guardian Signature*

*Date*

**Please Print Clearly**

**Name:**

First

Last

**School:**

**Address:**

Street

City

State

Zip

**Email:**

**Home Phone:**

**Cell Phone:**

**Emergency Contact Phone:**

**Languages spoken:**