



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:** _____

If you require accommodation to successfully participate in our programs please call Amanda Grove at 778-7000 prior to the program so that we can determine how to best serve your needs. Please note that accommodations are most successful when we are notified as far in advance as possible.

All participants must sign the following release. Parents or guardians must sign for minors. I/We, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above named program. Furthermore, I/we will not hold the City of Bellingham, the Bellingham School District, employees/volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(Parent or guardian must sign if participant is a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.)

Please be advised that participants involved in Parks and Recreation programs are subject to being photographed and/or video recorded and such photographs or videos may be used to publicize city programs.