



Nooksack Salmon Enhancement Association
3057 E. Bakerview Road Bellingham, WA 98226
Telephone: (360) 715-0283 Fax: (360) 715-0282

Nooksack Salmon Enhancement Youth (under 18) Volunteer
LIABILITY RELEASE FORM

Participant's Name: _____

Activity Location: _____ **Date of Activity:** _____

Legal guardians must sign for any minor, individuals under 18 years of age, participating in the NSEA Volunteer Activity. This form must accompany the participant to the NSEA Volunteer Activity and be given to the leader.

I/we will not hold the Nooksack Salmon Enhancement Association, employees/volunteers or anyone otherwise involved in named program responsible for any accident or injury that might occur, negligence notwithstanding. I therefore hold the Nooksack Salmon Enhancement Association harmless and waive all claims against the Nooksack Salmon Enhancement Association that arise from my/our volunteer activities.

In the event of injury or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

I understand that as a registered volunteer under RCW 51.12.035 that the Department of Labor and Industries provides registered volunteers with worker's compensation insurance for medical aid for injuries sustained while engaged in volunteer activities.

Is there any information we need to know about this minor in case of an emergency? _____

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian Phone _____

Emergency Contact _____ **Phone** _____

(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 NSEA volunteer programs are subject to being photographed and/or video recorded and such photographs or videos may be used for publicity.