



# Adopt-A-Street/Park/Planting Area/Trail Program Volunteer Sign-In Sheet

**The following release information is required for volunteer insurance and recognition purposes. Please print legibly.**

For and in consideration of my participation in this City of Sequim event, a voluntary, public/private cooperative program, I release, acquit, and forever discharge the City of Sequim, a municipal corporation, its officers, agents, employees, and volunteers (“the released parties”) from any and all claims, demands, damages, costs, action, or liability, on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily injuries or death, or damage to property resulting from or by reason of my participation in, or transportation to or from, any activity, work, or work site in any way related to the program. I understand that the City of Sequim provides volunteer insurance for bodily injury to self and personal and property damage while I volunteer.

**The names and personal information recorded on this form are subject to public disclosure.**

Name	Address	Phone Number and email address	Time Start	Time End	Total hours
Printed _____  Signature _____					
Printed _____  Signature _____					
Printed _____  Signature _____					

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