

**VOLUNTEER PARTICIPANT
WAIVER OF LIABILITY AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY**

I understand that my participation in the Sudden Valley Community Association ("SVCA") 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 OF 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 SVCA**, its officials, employees, represent-atives, volunteers, and agents for any and all rights and claims for damages, including attorneys' 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 SVCA's volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION 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.

CAUTION

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 Sudden Valley Community Association in connection with my participation in this volunteer activity.

I accept the conditions printed above:

_____ *Date:* _____
Participant Signature

PRINT Participant Name

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 minor participant.

_____ *Date* _____
Parent or Guardian Signature

PRINT Name of Minor Participant(s)