



Adopt-A-Spot Volunteer Waiver and Hold Harmless Agreement

The City of Kent Adopt-A-Spot program is for volunteers who donate their time to help keep the city clean. Participants are advised that working adjacent to a city street can be hazardous. Participants shall exercise proper care and safety while performing litter collection activities. Participants must wear the safety vest and gloves furnished by the city, and must wear appropriate protective clothing such as long pants, a long sleeve shirt, and thick-soled boots or shoes.

Participants may be entitled to receive full coverage for medical treatment received for injury incurred during participation in the Adopt-A-Spot program under the medical aid provisions of the Worker's Compensation Act, which is administered by the City of Kent through the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death.

As a volunteer for the City of Kent, I agree to follow all of the rules outlined in the Adopt-A-Spot program policy. I will use all provided equipment appropriately and follow all safety practices.

I am aware that the work contemplated in the Adopt-A-Spot program involves certain risks of physical injury and death. Being fully informed as to these risks and in consideration of being given the privilege to participate in the Adopt-A-Spot program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program and I further hold harmless the City of Kent, its officials, employees and agents for any injury or damages which may occur to me while I am participating in this program and I waive any right to bring claim or lawsuit against them for any such injury, damage or death. Furthermore, I agree to hold harmless, defend and indemnify the City of Kent, its officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the Adopt-A-Spot program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature of Participant

Date

I certify that I am the parent or legal guardian of the participant above-named; that I have read and understood the foregoing release and waiver; and that I in consideration of allowing the participant to participate in the City's Adopt-A-Spot program I join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage or death of the participant as against the City of Kent, its officials, employees and agents. I further grant my full consent and authorization for the above-named participant to engage in the activity described above. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while working in the Adopt-A-Spot program.

Signature of Participant

Date

Signature of Guardian
(If participant is less than 18 years old)

Date