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**King Conservation District**

800 SW 39<sup>th</sup> St, Suite 150, Renton, WA 98057 Phone (425) 282-1900 Fax (425) 282-1898 E-mail [district@kingcd.org](mailto:district@kingcd.org)

September 18, 2019

Dear Parent/Guardian:

Your daughter/son will attend a volunteer event through the King Conservation District (KCD). KCD has many ongoing habitat restoration projects throughout King County on public and private lands focused around stream, wetland, and estuarine restoration projects. The King Conservation District requests that you review the following information about the event and sign the associated liability waiver form to acknowledge your understanding of the activities.

Your child's involvement in this volunteer event will include but not limited to activities such as: removal of non-native invasive species (Blackberry, English Ivy, and Morning Glory), planting native wetland and upland plants, weeding potted plants, and mulching new plantings. Volunteers will use simple hand tools such as shovels, loppers and shears to perform tasks.

***Limitation of Liability:*** *The Undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases the King Conservation District (DISTRICT), the officers, officials, employees and agents, from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the DISTRICT from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees, in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the Undersigned's activities and participation in the field trip/volunteer services on the DISTRICT field trip described above. The Undersigned further acknowledges and agrees that the DISTRICT does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the DISTRICT liable for any loss or damage to same. The Undersigned give their permission to be photographed and have their image used in DISTRICT publications. **The parent or legal guardian of a minor volunteer participating on this project (individuals under the age of 18) must sign this form for the minor volunteer.***

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature, parent or legal guardian

\_\_\_\_\_  
Date

Over→

*King Conservation District*  
**Medical Insurance for Volunteers**  
Through the Washington Dept. of Labor and Industries

The King Conservation District would like to purchase Labor and Industries Insurance to cover your volunteer activities on King Conservation District projects. This insurance coverage is provided at no charge to you or your family. Please provide the information requested and return the completed form to your teacher. ***Please include the names of all members of your family who wish to attend.***

Volunteer Contact Information

Name of Volunteer 1 \_\_\_\_\_ DOB(mm/dd/yy) \_\_\_\_\_

Name of Volunteer 2 \_\_\_\_\_ DOB(mm/dd/yy) \_\_\_\_\_

Name of Parent or Guardian (if not attending event or listed above)  
\_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Date Of Event \_\_\_\_\_

***If Volunteer is Under 18 Years of Age and a Parent is Unable to Attend the Volunteer Event:***

I \_\_\_\_\_ give permission for my son/daughter \_\_\_\_\_  
Name of Parent/Guardian

to attend the King Conservation District event on \_\_\_\_\_ under the supervision of  
Date of Event

\_\_\_\_\_  
Name of Supervising Adult

\_\_\_\_\_  
Parent Signature