



CLACKAMAS COUNTY PARKS & FOREST
Volunteer Release & Consent to Participate

As a competent adult I execute this release on behalf of myself, or that of my minor child, in consideration of being allowed to participate in **DUMP STOPPERS NAT'L GET OUTDOORS DAY WILDCAT MTN CLEAN-UP** sponsored by **CLACKAMAS COUNTY PARKS & FOREST** on **June 11, 2011.**

I hereby release Clackamas County from any and all claims for damages, injuries or sickness that may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions may exist, including but not limited to fallen limbs, rocks, debris and other materials. I have satisfied myself that the risk of harm from participating in this activity is acceptable. I have also satisfied myself that I am physically able to undertake and complete this activity. I understand and acknowledge that Clackamas County is not responsible for any injuries, damages or sickness that may result from my participation in this activity, and I also understand that I would not be allowed to participate in the activity if I did not execute this consent and release.

If this release is for a minor child, please complete the following: My child's name is _____ . I am the custodial parent or legal guardian of a minor child who wishes to participate in the above mentioned activity. I understand and am satisfied with the nature of the volunteer activities that will take place, and consent to his or her participation. I understand and agree that my child will be acting as a volunteer, and that Clackamas County will not be responsible for any damages, injuries or sickness that may result to him or her. The volunteer activity in which my child will participate may involve risks described above, and I have satisfied myself that my child should participate in this volunteer activity even though these risks exist. I hereby release Clackamas County from any and all claims for damages, injuries and sickness which may arise as a result of my child's participation in volunteer activities.

Adult/Parent Name (please print)	Phone
Address	Email
City, State, Zip	Group/School
Signature	Date

INDIVIDUAL PHOTO/VIDEO RELEASE (optional)

I, or my child (named above), will be participating as indicated in the above listed activity. I understand this event may be photographed and/or recorded for public distribution or viewing including, but not limited to Parks and Forest Program reports to Commissioners, websites, brochures/displays and Clackamas County Government Access cable television.

I expressly release the producer and Clackamas County from any privacy, defamation or other claims I may have arising out of the use of the photos or video. I agree that insofar as I am concerned, the photos and/or video may be edited for the purpose of production.

Signature	Date
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