

**WHATCOM LAND TRUST EVENT/VOLUNTEER ACKNOWLEDGMENT
 WAIVER AND RELEASE FROM LIABILITY
 Revised July 25, 2019
 MINOR ADDENDUM**

Volunteer Info (please fill out form completely)	Name:
Address:	Phone:
	Email:

FOR VOLUNTEERS UNDER 13 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST EXECUTE THE WHATCOM LAND TRUST EVENT/VOLUNTEER ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (“AWRL”) AND THE PARENT OR GUARDIAN MUST COMPLETE THIS MINOR ADDENDUM (“ADDENDUM”). **FOR VOLUNTEERS AGED 13 TO 17**, THE VOLUNTEER MUST EXECUTE THE AWRL AND THE PARENT OR GUARDIAN MUST COMPLETE THIS ADDENDUM. Defined terms used in this Addendum have the same meaning as in the AWRL. The volunteer SHALL NOT participate in Activities until all applicable forms are filled out correctly.

I, _____ (name of parent or guardian), the parent or legal guardian of _____ (minor’s name) (the “Minor”), hereby acknowledge that I carefully read and either executed the AWRL for and on behalf of the Minor or hereby explicitly grant my permission for the Minor to execute the AWRL themselves. I further represent that I have the legal capacity and authority to act on behalf of the Minor.

As the parent or legal guardian of the Minor, in consideration of the opportunity for the Minor to participate in Activities, I hereby:

- (A) CONSENT TO THE PARTICIPATION OF THE MINOR** in Activities, regardless of whether the Activities occur at one event or time or many events or times, now or in the future; and
- (B) AFFIRM ALL TERMS SET FORTH IN THE AWRL AS TO THE MINOR**; and agree to bind myself, the Minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the AWRL; and
- (C) AGREE TO RELEASE AND DEFEND AND/OR INDEMNIFY AND HOLD HARMLESS WLT** from any and all claims, allegations, losses, or liabilities for death, personal injury, disability, lost wages, property damage, medical and hospital bills, theft, economic losses, or other claim or damage of any kind, which may now or in the future arise out of arise out of the Minor’s participation in or traveling to or from Activities and any claims made or liabilities assessed against WLT as a result of any insufficiency of my legal capacity or authority to act on behalf of the Minor in the execution of the AWRL or this Addendum. Whether I defend and/or indemnify and hold WLT harmless shall be at WLT’s sole discretion; and
- (D) AUTHORIZE AND CONSENT TO EMERGENCY MEDICAL CARE, INCLUDING TRANSPORTATION** for the Minor as WLT or another participant in Activities may deem appropriate if the Minor is injured while participating in Activities, agree that the transportation, medical and hospital bills for such emergency medical care will be my own responsibility and not the responsibility of WLT, and agree that WLT has no duty to provide the Minor with such care; and
- (E) AGREE** that: (i) a digital, scanned copy of this Addendum shall be considered the same as the original for evidentiary purposes; and (ii) the terms of this Addendum are intended to be as broad and inclusive as allowed by the laws of the state of Washington, and the invalidity of any specific clause shall have no impact on the validity of any other clause or the AWRL.

Printed Name of Minor:	Age of Minor:
Printed Parent/Guardian Name:	Relationship to Minor:
Signature of Parent/Guardian:	Date: