

## Youth Volunteer/Service Learning Waiver

The Healthy Forest Project is working with volunteers of all ages to clean up our parks and restore our forests. Volunteering is fun, educational, and a great opportunity for youth to serve their community and enjoy being outside in Snohomish County's beautiful parks! It is also a great way to earn service hours. Each event is supervised by a trained staff or volunteer lead. Tools and gloves usually provided unless otherwise noted.

Activities may include:

- Removing non-native invasive weeds such as blackberry and ivy
- Moving and spreading mulch
- Planting native trees and shrubs
- Picking up garbage
- Maintaining or building trails

Be prepared:

- Wear long pants, long sleeved shirt and close-toed shoes (boots/old tennis shoes) that you don't mind getting dirty. NO sandals or other open shoe are allowed
- Bring a rain jacket or large plastic garbage bag (w/cut holes for head and arms) in case it rains.
- Water bottle to stay hydrated

For more information about the Healthy Forest Project go to [www.snocohealthyforests.org](http://www.snocohealthyforests.org)

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### Youth Release

Snohomish County and Forterra NW are active partners in the Snohomish County Healthy Forest Project. For and in consideration of my child's participation in the Healthy Forest Project (Snohomish County and Forterra) volunteer program, a voluntary, public/private cooperative program, I voluntarily agree to assume all risks involved or related to participation, including traveling to or from the program. I acknowledge that there are certain risks inherent in this program, including but not limited to DESCRIBE COMMON RISKS FROM THIS WORK (exposure to needles, wasps, cuts scrapes, etc.). I acknowledge that all risks cannot be prevented, and I assume those risks beyond the control of the County and Forterra. I represent that my minor child is able, with or without accommodation, to participate in this program, is able to use the equipment and/or supplies described above and have obtained any required immunizations. Should my minor child require emergency or necessary medical treatment as a result of accident or illness arising during participating in the program, I consent to such treatment. I acknowledge that neither the County nor Forterra provides health and/or accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency or necessary medical treatment. I will notify the program in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

<b>Name and Signature of parent or guardian</b>			<b>Date:</b>
<b>Name of participant (please print):</b>			<b>Age:</b>
<b>Address:</b>			
<input type="checkbox"/> <b>Yes!</b> I give my permission for the youth participant to be photographed and/or filmed and have their image used by Snohomish County or partner organizations involved with the community project. This includes using their images on social media, website, flyers, and presentations.			
<b>Emergency Contact Name:</b>		<b>Emergency Phone Contact:</b>	
<b>Email:</b> (to receive info about volunteer opportunities)			