



Parks, Recreation and Cultural Services

Personal Assistant Liability Waiver Form

I am 18 years of age or older, full competent and am authorized to provide Personal Assistant services to _____, a participant of City of Shoreline Parks, Recreation, and Cultural Services programs.

I understand that the program activities have special dangers and inherent risks, including but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise or result directly or indirectly to me from my provision of Personal Assistant services during the program activities and my participation in the program activities.

HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me providing Personal Assistant services, I assume all risk of injury, damage, and harm to myself which may arise from my participation in program activities and/or use of City facilities. I further agree to RELEASE AND HOLD HARMLESS the City of Shoreline, its officials, employees, and agents and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me arising out of my participation in the program activities.

I hereby consent to allow my picture or likeness to appear in any official City document, City website, City social media page, or other official such mediums without compensation to me.

Yes/No Initials: _____

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 providing Personal Assistant services during a program activity.

Yes/No Initials: _____

Personal Assistant Signature: _____ Date: _____

Print Name: _____