



Redmond Bike and Pedestrian Counts Volunteer Consent Form

Thank you for your interest in our Bicycle and Pedestrian Count Program. This is an exciting step forward in the City of Redmond data collection efforts. The information you collect will document current levels of walking and biking, helping to measure Redmond's progress towards increasing the number of people who walk and bike, and help make the case for additional investments. For more information, please visit _____.

By signing below, I certify the following:

I, _____, agree to serve as a volunteer for the City of
(printed name)

Redmond and understand that my participation in this program is at the discretion of the City. All work performed for the City is on an uncompensated, voluntary basis. I understand that I am not included in the City's worker's compensation coverage and will look to my own insurance, if needed for any injury compensation. I agree to hold harmless the City of Redmond, its agents, employees and all other persons against loss or expense, including attorney's fees, by the reason of bodily injury, property damage, or personal injury arising out of the negligent or intentional conduct of myself or anyone I may come into contact with during participation in this program. I have read the volunteer information. I understand the nature of the volunteer assignment that I am to perform and certify that I have taken all necessary precaution to be certain that I am in proper condition to participate in such activities. I grant the full permission to the City to use any photographs, videotapes, or recordings of my volunteer acts for any purpose, including but not limited to recognition, public relations, training or marketing.

Thank you for volunteering!

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Parental Endorsement:

THIS PARENTAL ENDORSEMENT MUST BE COMPLETED IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE

I have read and understand the above RELEASE AGREEMENT and agree to its provision as they apply to my child, and also agree to be fully bound by them. I certify that my child is physically capable and medically able to participate in these activities. I further assume full responsibility for my child relating to any and all activities covered by this Volunteer Agreement Form.

Parent/Guardian Name: _____

Signature: _____ Date: _____