



## VOLUNTEER TIME RECORD

I am fully aware that the work associated with being a Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City of Mukilteo Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City of Mukilteo facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Mukilteo, its officials, employees, volunteers and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of the City of Mukilteo. 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 participating in this program.

\_\_\_\_\_  
Name of Your Group

\_\_\_\_\_  
Name of Group Coordinator or crew leader

Date	Name of "Volunteer"	Hours Worked		
		Start time	End time	Total time worked

Please return the completed form after each litter cleanup to:

City of Mukilteo  
 Attn: Program Coordinator  
 11930 Cyrus Way  
 Mukilteo, WA 98275  
 nnehring@mukilteowa.gov (425) 263-8018