

Project: _____

Location: _____

Date: _____

Job Code: _____

Volunteer Event Participant Sign-In/Out

Agreement: By my signature below, I certify that I have read the following waivers, releases and disclosures and willingly agree to each one unless I have indicated otherwise:

- I am registering as a volunteer (as defined by RCW 51.12.035) for this Sound Salmon Solutions (SSS) sponsored event.
- I assume all risk related to this assignment for myself and the minors for which I have signed, waiving all claims against SSS for personal injuries or damages to property.
- I will follow all safety rules and regulations, avoid all workplace hazards and refuse to perform any work assignment I feel I am not qualified to perform.
- I accept responsibility for the safe use and maintenance of tools and equipment used as part of my volunteer service.
- I acknowledge participating in the safety training provided by SSS for the tasks being performed and tools to be used.
- I will represent SSS and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by the project staff.
- I consent to the taking of photos/videos of myself and the minors for which I have signed, unless indicated otherwise below, for use in print materials or electronic media (for educational or project reporting purposes including: the SSS website, newsletter, reports to grant agencies, and presentations to the public).

Print Your Name	At least 18 years-old	Signature <small>(Adult signature required if under 18 years-old)</small>	Photo/ Video Opt Out	Time In	Time Out	Total Hours <small>(office use)</small>	Phone Number	Please Provide Your Email
1	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
2	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
3	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
4	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
5	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
6	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
7	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
8	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
9	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
10	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
11	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
12	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
13	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
14	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	
15	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes				()	

