



## Washington County Juvenile Department Community Service Assumption of Risk and Release of Liability Form

While participating in Juvenile Department sponsored Community Service activities, you will encounter environments and hazards that may be different from those that you encounter in daily life. Although your safety is the primary concern of the Washington County Juvenile Department and its staff, we cannot guarantee it. Knowing this, we aim to provide you with knowledge about the risks of activities so that you can become part of the safety system.

While it is impossible to eliminate all risks, you can increase your personal margin of safety, as well as that of the other participants, by paying close attention to safety rules and procedures presented for these activities and by being on the lookout for possible risks. The following are a sample of risks associated with Juvenile Department sponsored activities (a complete list would be impossible to generate).

- Sunburn, heat exhaustion or heat stroke
- Dehydration
- High winds or other inclement weather
- Physical exertion above your normal level
- Awkward footings or unstable ground, resulting in slipping or falling
- Actions of other participants (such as collisions with others in your group)
- Actions of individuals outside of your group
- High speed impacts with unmovable objects
- Entanglement and possible injury from equipment during a fall or other mishap
- Blisters
- Sore muscles
- Theft of personal items
- Auto accident while driving to or from Community Service sites

It is important that you realize that many of these risks can lead to minor and/or serious injury (such as abrasions, broken bones, brain injuries, strained and sprained joints, skin irritations, rise or drop in body temperature, fatigue, cuts, choking, and contusions) and possibly death.

Please also understand that Washington County Juvenile Department first aid kits do not contain any drugs for internal use and that you need to bring and self-administer these if you might need to use them. Additionally, if you have the potential for severe allergic reactions to bee stings, insect bites, sunburn, etc. it is your responsibility to bring the proper medication to Washington County Juvenile Department Community Service activities.

### **Juvenile Department**

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**Release of Liability**  
**READ BEFORE SIGNING**

Having been advised of the potential risks and possibility of injury or illness and in consideration of being allowed to participate in Washington County Juvenile Department Community Service activities, supervised or unsupervised by Juvenile Department staff and taking place at sites made available by community partners, I, \_\_\_\_\_, the undersigned, acknowledge and agree that,

1. The youth is physically capable of participating in Community Service work assignments involving physical labor and give permission for them to participate in Community Service activities;
2. The risk of injury from Community Service activities is significant and does exist;
3. I knowingly and freely assume all such risks, both known and unknown, on behalf of the youth, and
4. I release from liability and hold harmless any person or entity in any way involved in the Community Service program, including but not limited to Washington County, participating Community Service partners, and their respective officers, agents and employees, from all claims, actions and lawsuits of every kind which in any way may arise from the youth's participation in Community Service activities to the fullest extent permitted by law.
5. If I become injured, I request and consent for a licensed healthcare practitioner and/or facility to provide medical care/treatment as is necessary for the youth and may be recommended by the licensed practitioner.
6. I understand that every effort will be made to contact me in the event of an injury and agree to provide my contact information to the Community Service program before engaging in Community Service activities.
7. I understand that my own insurance will be used first to cover any expenses associated with an injury while performing Community Service activities. I understand that medical insurance coverage available from Washington County applies only on a secondary basis.

**My signature certifies that I have read this Assumption of Risk and Release of Liability Form and fully understand its terms. I understand this Release from Liability will remain in effect for the term of the youth's participation in Community Service activities.**

\_\_\_\_\_  
**Participant Signature** **Date**

\_\_\_\_\_  
**Parent or Guardian's Signature** **Date**