



**CITY OF BELLINGHAM**  
**210 Lottie Street, Bellingham, Washington 98225**  
**Telephone: (360) 778-8000**

***Access Bellingham Training Program***  
**Participant Liability Release Form**

**Participant's Name:** \_\_\_\_\_

**Date(s) of Training Program:** \_\_\_\_\_

I have elected to participate in a training program offered by EJ Visuals pursuant to a contract with the City of Bellingham. My participation in the training program is voluntary and will require me to attend classes located in one or more properties owned by the City. I recognize that my presence on City property is not without risks.

Therefore, in consideration of the City's willingness to allow me to participate in the training program, I agree not to hold the City of Bellingham, its employees, officers, or elected officials responsible for any accident or injury that may occur during my participation in the training program including, but not limited to, accidents caused by negligent acts or omissions of the City.

I agree to waive any and all claims against the City of Bellingham that arise from my participation in the program including claims based on the negligent acts or omissions of the City, its officers, or employees.

I assume complete financial responsibility for any and all costs relating to any accident or injury that I may suffer as a result of my participation in the program.

I have reviewed this waiver in its entirety and been afforded the opportunity to review it with legal counsel. I am knowingly, intelligently, and voluntarily waiving my legal rights in order to participate in this training program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

( if under 18 years old, a parent or guardian must also sign)