

## **Minor Volunteer Registration Agreement**

Minor Name (Print):		Parent/Guardian Name (Print)	Date(s) of Service:	
Mailing Address:		Mailing Address:	Work Site/Location Name:	
City/State/Zip:		City/State/Zip:	Type of Work:	
Contact Number: Email:		Contact Number:	DNR Contact Person:	
		Email:		
Department of N	register on either the <i>Group Registrat</i> See <i>Group Volunteer Registration A</i> odate - By signing below you agree to atural Resources (DNR) and its officials, em	tion Agreement/ Time Record form or Individual greement/ Time Record form or Individual Volun to the following statement: I RELEASE and WAI	teer Registration Agreement/ Time Record form.  VE any and all claims and causes of action against the State of Washington, ge that may arise during my volunteer activities with DNR including exposure to	
COVID-19 Up Department of No coronavirus disea	register on either the <i>Group Registrat</i> See <i>Group Volunteer Registration Ago</i> odate - By signing below you agree to atural Resources (DNR) and its officials, emise 19 (Covid 19). Furthermore, I assume all	tion Agreement/ Time Record form or Individual greement/ Time Record form or Individual Volun to the following statement: I RELEASE and WAI ployees, and agents for death, injury, or property damage	Volunteer Agreement/ Time Record form.  teer Registration Agreement/ Time Record form.  VE any and all claims and causes of action against the State of Washington, ge that may arise during my volunteer activities with DNR including exposure to ignment.	
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\*\*\*Attach this form to either Group Volunteer Registration Agreement/ Time Record form or Individual Volunteer Registration Agreement/ Time Record form that the minor participates in.