

# **Consent to Participate and Release of Liability**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am participating in activities related to the **March 7, 2014** Project Homeless Connect by my own choice.

I agree to release Clallam County from any liability for an injury or illness to me or my dependents during my participation with Project Homeless Connect. I assume full responsibility for risk of bodily injury or property damage incurred by myself arising either directly or indirectly from participation in Project Homeless Connect, from any cause whatsoever, whether caused by Clallam County’s active or passive negligence or otherwise.

I recognize that participation in Clallam County Project Homeless Connect does not create a patient/physician relationship with the County of Clallam. I understand any referral or treatment provided is done so by the providing agency and not by the County of Clallam or Clallam County Project Homeless Connect.

I agree to indemnify, defend, and hold harmless the City of Port Angeles and Clallam County for any liability that may arise as a result of my criminal, willful, or fraudulent acts or omissions that occur during my participation in Project Homeless Connect.

* I DO give consent to have my photo(s) published.
* I DO NOT give consent to have my photo(s) published.

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Name (Print) Signature

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Date