

King County Department of Natural Resources & Parks

Noxious Weed Control Program

Weed Watcher Volunteer Information Sheet

How do we reach you?

Thank you for volunteering with the Weed Watchers Program! Please *print* the information below to help us coordinate with you and send you updates. We won't share information without your permission.

Your Name: _____

Address: _____

City: _____ **Zip:** _____

Phone Number: Day () Evening ()

E-mail: _____

Weed Watcher Program Selection

Please check the program you are volunteering for:

☐ **Lake Weed Watchers** (Lake Name: _____)

Trail Programs:

☐ **Upper Snoqualmie Weed Watchers**

☐ **Alpine Lakes Wilderness Weed Watchers**

Release

In consideration of my participation in the King County Noxious Weed Control Program's Weed Watcher Program(s), which involves looking for, and occasionally removing, invasive plants either from trails or lakes, depending on which program(s) I selected on the above form, I do hereby, for myself, and my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims against the owners of property which we may need to occupy to map and remove plants; and King County, its officers, and/or assigns for any and all loss or damages which may be sustained and suffered by me in my traveling to, participation in, and returning from the Weed Watcher Program. In addition, I give my permission to be photographed and have my image used in King County publications.

I have read the above statement, I understand it, and my signature is confirmation of my full acceptance of its terms.

SIGNATURE: _____ **DATE:** _____

If a participant is under 18 years, this release must be signed by the participant's parent or guardian.

PARENT'S/GUARDIAN'S

SIGNATURE: _____ **DATE:** _____

Please mail signed form to: **King County Noxious Weed Program, 201 S Jackson St, #600, Seattle WA 98104**