



## Self-Help/Community Projects Participant Roster

Site Location: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Project Representative(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list all people involved in the project, use a separate form for EACH work day if your project will last more than one day. All persons participating in this project must agree to indemnify and hold harmless Highline Public Schools District from all liability for damage, actual or alleged, to persons or property arising out of or resulting from the negligent acts or omission of donor. My signature below indicates, I agree:**

**Please print additional forms, if needed - all participants must sign:**

_____ PRINT Name Here	_____ Signature
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**For District Use:**