

Volunteer Registration and Waiver Form

Assignment:	Site Name:	Dat
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This is a Release and Waiver of liability, Assumption of Risk and Indemnity Agreement ("Agreement").

- I make this Agreement for the benefit of City of Lakeside and its supervisors/managers, elected officials, employees, agents, personal representatives, next of kin, heirs, successors and assigns (collectively, City of Lakeside).
- I make this Agreement in consideration of City of Lakeside providing me with the opportunity to participate as a volunteer in the above-described assignment.
- I accept full personal responsibility for all risks arising from or relating to this assignment.
- My participation as a volunteer, whether for this assignment or other volunteer tasks I accept from City of Lakeside, is completely voluntary and I have neither received nor expect to receive any compensation for my participation in it.
- I agree to read, listen to and follow all safety instructions and procedures presented in conjunction with this assignment and to use my best judgment based upon my physical and mental abilities at all times, and to immediately terminate participation in this assignment or any other volunteer assignment I agree to undertake if activities become too strenuous, difficult, or hazardous for me. I am physically and mentally capable of participating in the Assignment described above without injuring myself in any manner.
- I agree to waive all liability of City of Lakeside, hold them harmless, indemnify them, discharge
 them, covenant not to sue them, and reimburse them for any liability, claims, sums, costs, or
 other expenses on my account that may be caused in whole or part by my participation with
 the assignment.
- I further agree that, despite this Release and Waiver of liability, Assumption of Risk and Indemnity Agreement, if I or anyone on my behalf makes a claim against the City of Lakeside, I will indemnify, save and hold harmless the City of Lakeside from any litigation expenses, attorneys' fees, loss, liability, damage, or costs that the City of Lakeside may incur as a result of such action.
- If I use a personally owned vehicle in the course of my duties, I understand I am required to
 have automobile liability insurance in accordance with Oregon law. I understand I MUST
 possess a valid driver's license and that I will immediately inform the City of Lakeside if my
 driver's license is suspended or revoked.
- I understand that I am included and covered by the City of Lakeside's workers' compensation insurance program during those times that I am working as a volunteer for the City of Lakeside.

• I understand that a photographer may be present to photograph the activities at the assignment and that I may be photographed while participating in the assignment. I agree that I will contact the photographer if I do not wish to be photographed. I give the City of Lakeside permission to use and publish photographs of me, or in which I may be included.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature.

Printed Name	Signature	Date

REQUIRED FOR ALL MINORS:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

l,	, as parent or legal guardian hereby grant permissior
for	to do volunteer work for City of Lakeside. In the event of ar
emergency, accident,	or illness, I authorize the City of Lakeside and its employees to administe
emergency medical c	are to my child and/or, if deemed necessary, to secure emergency medica
services and incur ex	openses for which I will be responsible for payment. My signature below
hereby represents the	at I have read, understand, and consent to this agreement.
Signature:	Date:

Note: Complete a new form each year for volunteer service that continues into the next fiscal year, when volunteering for a different activity, or when volunteer duties change.