

Event:	Date:
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City of Lake Oswego Parks Stewardship - Waiver & Release of Liability

My signature below indicates that I have read and understood the **Volunteer Participation Terms** (see separate sheet), and accept the following:

In participating in the event indicated on this form, I acknowledge that I understand there are risks of accidents resulting in bodily harm to me arising out of this activity. I further acknowledge that I have the physical capacity reasonably necessary to engage in this activity. I hereby waive all claims that I might have against the City of Lake Oswego, its officers, agents, employees, co-sponsoring organizations or individuals for bodily injuries I might suffer arising out of my participation. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses which are incurred on my behalf. I also agree that videos and photographs taken of me may be used by the City of Lake Oswego and sponsoring agencies in any materials or publications, printed or electronic.

Full Name:	Zip Code:
Email Address:	Phone Number:
Signature: _____	# of Youth (under 18 years):

Names of Youth (under 18 years) bound by Waiver and Release:

Full Name:	Zip Code:
Email Address:	Phone Number:
Signature: _____	# of Youth (under 18 years):

Names of Youth (under 18 years) bound by Waiver and Release:

Full Name:	Zip Code:
Email Address:	Phone Number:
Signature: _____	# of Youth (under 18 years):

Names of Youth (under 18 years) bound by Waiver and Release:

Full Name:	Zip Code:
Email Address:	Phone Number:
Signature: _____	# of Youth (under 18 years):

Names of Youth (under 18 years) bound by Waiver and Release:

City of Lake Oswego Volunteer Participation Terms

I, the Volunteer, and on behalf of myself, my heirs, and personal representative or, if the Volunteer is under 18 years of age, the Parent/Guardian of the Volunteer on behalf of the minor volunteer to acknowledge and affirm:

1. I am volunteering for Stewardship related work parties.
2. **I will abide by instructions of the Project Supervisor(s) and Leader(s).**
3. I will abide with City policies at all times while I am providing volunteer services, including but not limited to:
 - Always act in a respectful and courteous manner.
 - Be safety conscious at all times.
 - Reporting any injuries incurred to the Project supervisor.
 - Use of alcohol and controlled substances is absolutely prohibited.
4. **I have read the physical and site risks and medical consent (below) and agree to the Volunteer Terms for Agreement and Release.**

Physical and Site Risks; Medical Consent

- **All volunteer activities are subject to some degrees of risk of harm** (injury or death).
- If the project is described as “physical”, the volunteer should consult with the Project supervisor to ascertain the extent of physical labor required. It is recommended that the volunteer notify the Project supervisor of any physical limitations the volunteer may have in carrying out the Project work. **I affirm that I am physically able to perform the volunteer activities. If at any time I believe that I may not be able to perform any activity, I shall promptly notify the Project supervisor and I will not engage in any activity that I believe I am not physically able to perform.**
- If the project is described as “outdoor”, the site conditions are outside the control of the City and may present known, visible hazards **as well as** unknown, undisclosed hazards.
- The City may provide tools for use during the project. I will use the loaned tools only during work on the Project. I acknowledged that I will not use the tools if I have any questions on the manner of operations of the tools. I will be responsible for return of the tool at the end of the Project in the condition provided to me, subject to reasonable wear and tear as caused by use on the Project.
- The City does not provided medical insurance for any volunteer.
- In the event of accident, illness, injury, or other physical impairment during my service, I authorize the employees of the City to concern to medical transportation and/or treatment, including but not limited to surgical or dental examination and treatment, whether administered by City personnel (including other volunteers) or third party medical personnel. I give permission to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses incurred on my behalf.

To the extent the Volunteer is acting within the scope of the Project, the City will defend , save harmless, and indemnify the Volunteer against any tort claim or demand, whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of duty, to the extent required by ORS 30.285. This indemnification does not apply in cases of malfeasance, or willful or wanton neglect of duty.

If requested the Project Supervisor, I will complete a Background Check form to determine if I am qualified under the department policies to act as volunteer for the Project.

I grant permission to the City of Lake Oswego, and its departments, agents or employees, to use photographs taken of the above names on the date and at the location listed below for use in City publications promoting the activities and purposes of the referenced Project, including the use of such photographs in brochures, newsletters, Internet, display boards, and magazines, and to use such photographs in electronic versions of the same publications or on City websites or other electronic forms of media. I hereby waive any right to inspect or approve the finished photographs or printed electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.