



# City of Wilsonville

## WERK Day

## Volunteer Form

### Contact Information

Name	
Street Address	
E-Mail	

I agree to serve as a volunteer for the City of Wilsonville. In so volunteering, I understand that such activity may involve risks of injury, loss, or damage to myself and others. By signing this agreement, I expressly agree to assume any and all such risks. I understand the nature of acts I am to perform as a volunteer and certify that I have taken all necessary precautions to be certain that I am in proper condition to participate in such activities. In addition, in consideration for being permitted to perform volunteer activities, I understand, accept and agree to the following:

1. I hereby release, indemnify and hold harmless the City of Wilsonville, its officers, employees, and agents from any and all claims, action, demands, loss, cost or expense including attorney fees, for damages or personal injury to myself or damage to any property owned by me or others as a result of my performing volunteer activities under the auspices of the City of Wilsonville.
2. I understand that I am covered by the City's General Liability Insurance, which, subject to the terms thereof, cover liability arising from my acts as volunteer that are within the course and scope of my assigned duties. I understand and accept that I am NOT covered by the City's Workers Compensation Program and will look to my own health insurance.
3. I grant full permission to the City for use of any photographs, videotapes, recording or any other record of my volunteer acts for any purpose.

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian  
(if volunteer is under 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date