



Joseph City Park
 PLAYGROUND
 RENOVATION
 Love where you Live

Full Name:		Date of Birth:
Address (Street)		
Adress (City)		(State, Zip)
Phone:		Email:

This Release and Waiver of Liability (the "Release") executed on this _____ day of April in the year 2017, by _____ (the "Volunteer"), in favor of the City of Joseph, their directors, officers, employees, volunteers, and agents (collectively, "THE CITY").

Volunteer desires to work as a volunteer for the City and engage in the activities related to being a volunteer (the "Activities"). Volunteer understands that Activities may include constructing and rehabilitating a playground during Build Week.

Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER. Volunteer does hereby release and forever discharge and hold harmless the City and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with THE CITY. Volunteer understands that this Release discharges THE CITY from any liability or claim that the Volunteer may have against THE CITY with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with THE CITY, whether caused by the negligence of THE CITY or its officers, directors, employees, or agents or otherwise. Volunteer also understands that THE CITY does not assume any responsibility for or obligating to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

_____ Please initial indicating you have read the above section.

MEDICAL TREATMENT. Volunteer does hereby release and forever discharge THE CITY from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with THE CITY.

_____ Please initial indicating you have read the above section.

ASSUMPTION OF RISK. Volunteer understands that Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, use of power tools, lifting heavy materials, loading and unloading, operating any machinery, and transportation to and from the work sites and other activities associated with the construction and rehabilitation of a playground. Volunteer hereby expressly and specifically assumes the risk of injury or harm in Activities and releases THE CITY from all liability for injury, illness, death, or property damage resulting from Activities.

_____Please initial indicating you have read the above section.

INSURANCE. Volunteer understands that, except as otherwise agreed to by THE CITY in writing, THE CITY does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

_____Please initial indicating you have read the above section.

PHOTOGRAPHIC RELEASE. Volunteer does hereby grant and convey unto THE CITY all right, title, and interest in any and all photographic images and video or audio recordings made by THE CITY during the Volunteer's Activities with THE CITY, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

_____Please initial indicating you have read the above section.

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oregon. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

_____Please initial indicating you have read the above section.

IN WITNESS WHEREOF, Volunteer acknowledges that he/she has carefully read this waiver and fully understands it and executed this Release as of the day and year first above written.

Volunteer Signature:	Date:
Witness Signature:	Date:
Emergency Contact:	Relation:
Emergency Contact Phone:	

EMERGENCY MEDICAL INFORMATION:

In case of emergency, Wallowa Memorial Hospital will be used. The information below is needed by any hospital or medical practitioner not having access to the volunteer's medical history:

Allergies (Food, Medical, Environment):		
Medications Currently Taking:		
Injuries, surgeries or illnesses in the past 6 months:		
Personal Physician:	Phone:	City, State
Health Insurance Company:	Phone:	Policy #
Address	City	State, Zip
<i>Suggested Information:</i> Blood Type	Date of Last Tetanus	
Any other pertinent medical information to performing your volunteer task?		