



## VOLUNTEER WAIVER OF LIABILITY AND HOLD HARMLESS

Project Name:

Volunteer Organization:

Location of Activity:

Name of Volunteer: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

If Volunteer is a minor, name of responsible parent/guardian: \_\_\_\_\_

I, the undersigned Volunteer, or Parent/Guardian of the minor Volunteer, on behalf of the minor Volunteer, do acknowledge and affirm:

This is a project being conducted by the Volunteer Organization named above. In participating in this project, for the benefit of the City of West Linn, I understand that there are risks of accidents or injury resulting in bodily harm, and/or death, to me arising out of this activity. I, personally and behalf of myself, my heirs, and personal representative, and if a minor Volunteer, on behalf of the minor Volunteer, his/her heirs, and personal representative, hereby waive any claims and hold harmless the City of West Linn, its officers, agents or employees by reason of bodily injuries or death arising out of or resulting from participation in this project.

I understand that this project is planned and conducted by the City of West Linn principally through the assistance of its member volunteers. I further acknowledge that I, or if the Volunteer is a minor, then the Volunteer, has/have the physical capacity reasonably necessary to engage in the project activities and that if at any time physical condition changes to restrict or prohibit participation, I, or the minor Volunteer, will immediately cease the volunteer work and promptly notify the designated representative of the City of West Linn. THE CITY OF WEST LINN DOES NOT PROVIDE MEDICAL INSURANCE FOR ANY PARTICIPANT IN THIS PROJECT.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Parent/Guardian, if applicable

\_\_\_\_\_  
Date

Please return this waiver to:  
Human Resources  
22500 Salamo Rd  
West Linn, OR 97068