

CITY OF TIGARD

RELEASE OF LIABILITY FORM



I, _____ in consideration of the opportunity and permission to volunteer with the City of Tigard to perform the assigned task and the beneficial experience to be gained, do hereby fully and completely release the City of Tigard, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any physical injuries that may occur during my volunteer activities. Any photograph taken of me in my capacity as a volunteer may be used to raise public awareness of volunteer activities in the City of Tigard.

BY MY SIGNATURE BELOW, I VERIFY THAT I AM 18 YEARS OF AGE OR OLDER I ALSO UNDERSTAND THE RIGHTS, RESPONSIBILITIES, AND PRIVILEGES OF PARTICIPATION IN THE VOLUNTEER PROGRAM AND AGREE TO HOLD HARMLESS, RELEASE AND INDEMNIFY THE CITY OF TIGARD, ITS OFFICIALS, AND EMPLOYEES FROM LIABILITY FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY RESULTING FROM MY PARTICIPATION IN THIS PROGRAM.

Signature of Participant: _____ Date: _____

BY MY SIGNATURE BELOW, I VERIFY THAT I AM A **PARENT OR GUARDIAN** OF THE PARTICIPANT AND I HEREBY CONSENT TO HIS/HER PARTICIPATION IN THE CITY OF TIGARD VOLUNTEER PROGRAM. I ALSO AGREE TO INDEMNIFY, HOLD HARMLESS AND RELEASE THE CITY OF TIGARD, ITS OFFICIALS, AND EMPLOYEES FROM ANY LIABILITY FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY TO ME OR MY CHILD/WARD RESULTING FROM HIS/HER PARTICIPATION IN THE ABOVE-NAMED PROGRAM. PHOTOGRAPHS TAKEN OF MY CHILD/WARD IN THE CAPACITY OF A VOLUNTEER MAY BE USED TO RAISE PUBLIC AWARENESS OF VOLUNTEER ACTIVITIES IN THE CITY OF TIGARD.

Signature of Parent or Guardian (if participant is under 18 years of age):

_____ Date: _____

Name of Participant: _____ Age: ____ Phone: _____

Address: _____ City: _____ State: _____

Person to notify in case of emergency: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: _____