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I,	, agree to serve as a volunteer and	perform volunteer assignments
for the City of Gresham ("Co of the City. All work perfo	City") and understand that my participation in rmed for the City is on an uncompensated, voress execute this Release under the following	this program is at the discretion pluntary basis. I freely,
any and all liability, claims with respect to any bodily i	ischarge and hold harmless the City, its office, losses, expenses, including attorneys' fees, anjury, personal injury, illness, death or proper vities as a volunteer for the City, whether can employees or otherwise.	and demands of whatever nature rty damage that may arise or may
assignment may involve we the volunteer assignments, damage resulting from such	ne volunteer assignment that I am to perform ork that may cause harm. I specifically assumand release the City from all liability for injurativolunteer assignments. I certify that I have er condition to participate in such assignment	ne the risk of injury or harm from ry, illness, death, or property taken all necessary precautions to
understand that City does not carry or maintain workers' compensation for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.		
departments. I understand	ne in contact with personal information about that such information is treated as confidentially a supervisory employee of the City.	
recordings made by the Cit	all right, title, and interest in any and all pho y of my volunteer acts for any purpose, includarketing, or any proceeds or other benefits.	
	Thank you for volunteering!	
Name:		
Address:		
City:	State: Email Address:	Zip:
	tact you about our volunteer program and fut   ☐ Mail (address above) ☐ Phone (number abo	
Signature:	Date:	
	Parental Endorsement:	
	RENTAL ENDORSEMENT MUST BE E PARTICIPANT IS UNDER 18 YEAR	
to my child, and also agree medically able to participat	the above VOLUNTEER RELEASE and agr to be fully bound by them. I certify that my e in these activities. I further assume full res additions covered by this Volunteer Release.	child is physically capable and
Parent/Guardian Name:	2: .w . \	
Parent/Guardian Name:    (Print Name)   Date:		
O	Buick	CAO\Forms\Waiver -Release Forms(2/15)