

Volunteer Registration and Waiver Form

Project: _____ Site Location: _____ Date: _____

This is a waiver and release. Please read it carefully before signing. I, the undersigned, enter this Release and Waiver of liability, Assumption of Risk, and Indemnity Agreement (“Agreement”) for the benefit of myself, my personal representatives, next of kin, heirs, successors, and assigns.

- I make this Agreement for the benefit of Deschutes County, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and all private and public land owners on whose property the project described above may be located (collectively the “Released Parties), including, without limitation, the Released Parties employees, agents, personal representatives, next of kin, heirs, successors and assigns.
- I make this Agreement in consideration of the Released parties providing me with the opportunity to **participate as a volunteer** in this project.
- I understand that the Project may include **dangerous or hazardous** activities and that the Project may take place on a location or under conditions that may be dangerous to me.
- I **accept full personal responsibility** for all risks arising from or relating to this Project.
- My participation in this Project is **completely voluntary** and I have neither received nor expect to receive any compensation for my participation in it.
- I agree to read, listen to and follow all **safety instructions and procedures** presented in conjunction with this Project and to **use my best judgment** based upon my physical and mental abilities at all times, and to immediately terminate participation in this Project if activities become too strenuous, difficult or hazardous for me.
- I agree that the activities necessary to complete the Project have been **fully and adequately explained** to me and that I am **physically and mentally capable** of participating in the Project without injuring myself in any manner.
- I agree to **waive all liability** of the Released parties, **hold them harmless, indemnify them, discharge them, covenant not to sue them, and reimburse them** for any liability, claims, sums, costs, or
 - other expenses on my account that may be caused in whole or in part by my participation in the Project.
 - I further agree that, despite this Release and Waiver of liability, Assumption of Risk and Indemnity Agreement, if I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorneys’ fees, loss, liability, damage, or costs that any Released Party may incur as a result of such action.
 - I agree that this Agreement shall act as a **complete bar against all actions or claims** that I might otherwise bring against the Released Parties, including negligence claims, arising from or related to this project.
 - I have read this Agreement, fully understand its terms, understand that I have **given up substantial rights** by signing it, and have **signed it freely** and without any inducement or assurance of any nature. I intend this Agreement to be a **complete and unconditional release of all liability** to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect.
 - I understand that a **photographer may be present** to photograph the activities at the Project and that I may be photographed while participating in the Project. I agree that I will contact the photographer **if I do not wish to be photographed.**
 - I hereby grant Deschutes County the irrevocable and unrestricted right to **use and publish photographs of me**, or in which I may be included. I hereby release Photographer and his/her legal representatives and assigns and Deschutes County from all claims and liability relating to any such photographs.

Thank you for volunteering. Please print clearly.

Name:					<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Address:					<input type="checkbox"/> Home <input type="checkbox"/> Business
City:	State:	Zip:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Business	
Organization:					
<input type="checkbox"/> I am over the age of 18.		_____ (Signature)		_____ (Date)	

If you are signing for youth volunteers, please also complete:

<input type="checkbox"/> I am authorized, responsible and signing this waiver for the following volunteers under age of 18.		
	_____ (Name of group or individual names)	_____ (# in group)