



Human Resources (541) 8851074  
 Risk Management (541) 8851133 or (503) 8211266

CONDITIONS OF VOLUNTEER SERVICE AGREEMENT

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

As a volunteer working at the Oregon Institute of Technology (Oregon Tech), this document outlines the conditions of your volunteer service, the assumption of risk and the extent to which you may be covered by Oregon Tech insurance. Please read carefully and sign to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activities (hereafter "ACTIVITY").

TORT LIABILITY

Subject to the limits of Article XI, Section 7 of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.280 -



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**VOLUNTEER ASSUMPTION OF RISK AGREEMENT**

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

Please read carefully:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY responsibilities and risks resulting from my participation. As an authorized Oregon Institute of Technology (Oregon Tech) volunteer, I understand that Oregon Tech will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators, and assigns, do hereby release, defend, waive, release and forever discharge Oregon and its respective board members, directors, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, against Oregon Tech or its board members, directors, officers, employees, agents or volunteers, including but not limited to from liability under the Oregon Tort Claims Act, ORS 30.300 and for any and all harm or damage to my health in any matter resulting or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-30.300 to defense and indemnification from any demand, claim, suit, or liability I may be subject to arising out of my authorized volunteer activities.

I certify that there are no health related reasons or problems that preclude or restrict my ability to volunteer for Oregon Tech. In the event an emergency may develop which necessitates the administration of medical care, therefore, in the event of injury or illness, I authorize Oregon Tech to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that Oregon Tech has a duty to provide or seek out any medical treatment and I also authorize Oregon Tech to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare that I am eighteen years of age or older, that I have read this entire Volunteer Assumption of Risk Agreement and understand the provisions and that I agree to be bound by them.

I understand that by signing this Volunteer Assumption of Risk Agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:  
 PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I, \_\_\_\_\_, as a parent or legal guardian hereby grant permission for \_\_\_\_\_ to do eg8 (an)0.534 0 Tdl534 0 Tst 0 Tw 29tu>>BDC c of TechCID 34