



Forest Park Conservancy



PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

EVENT: _____

DATE: _____

My signature below affirms that I have read, understood and accepted the following:

While we do not anticipate that you will be involved in an accident, it is important that you understand the extent to which your volunteer efforts are covered by the City of Portland's insurance. As a volunteer, you are **NOT** covered by the City of Portland's or the Forest Park Conservancy's workers compensation program. However, you **ARE** covered by the City of Portland's General Liability Fund.

In participating in the event indicated above, I acknowledge that I am cognizant of the risk of accidents resulting in bodily harm to me arising from my participation in this activity. I further acknowledge that I have the physical capacity necessary to engage in this endeavor. I hereby waive all claims that I might have against the Forest Park Conservancy, their officers, agents, employees, co-sponsoring organizations, or individuals for any bodily injuries that I might suffer arising out of my participation.

In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital. If necessary, I agree to be the party responsible for all medical expenses, which are incurred on my behalf.

Volunteer Name (Print):	Volunteer Signature:
Email:	Phone:
Address, City, State, Zip:	
If volunteer is under 18 years of age, parent or guardian must read and sign the following: This release, its significance, and assumption of risk have been explained to and are understood by me and the minor.	
Parent or Guardian Name (Print) _____ Parent or Guardian Signature _____	Want to receive e-news from the Forest Park Conservancy? <input type="checkbox"/> Yes please! (To receive updates on work parties, guided hikes, events, Forest Park news and more!)