



East County Historical Organization (ECHO)

Release and Hold Harmless Agreement for Voluntary Participation

I, _____ (PLEASE PRINT) am volunteering to participate in the project(s) sponsored by the Fairview East County Historical Organization (ECHO), a non-profit organization. I understand and acknowledge that my participation in the project(s) is entirely voluntary and will be conducted on my own personal time. I agree to participate entirely at my own risk, and acknowledge that the Oregon Workers' Compensation Act does not cover my participation in this activity(s), unless I am working on behalf of my employer pursuant to authorization from my employer. As such, I acknowledge and agree that I will not be eligible for workers' compensation benefits if I am injured during my participation in the activity(s). To my knowledge, a physical condition or disability that would prohibit me from safely performing any aspect of the activity(s) does not affect me.

I do hereby release the Cities of Fairview and Gresham (Cities), ECHO, their respective elected officials, agents and employees, from any claims for injuries and/or damages that may arise now or in the future from, or in any way relating to my participation as a volunteer with ECHO. This release includes, but is not limited to, claims for workers' compensation, property damage, personal injury, lost wages and medical expenses.

I further agree to indemnify and hold harmless the Cities, ECHO, their respective officials, agents and employees, for all losses, damages, attorney's fees, costs or expenses resulting from any injuries or damages that I may suffer, cause or contribute to during my participation, and from any and all damages, losses or injuries I may cause another during the course of the event.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE AND INDEMNITY AGREEMENT.

Date

Signature

PARENTAL ENDORSEMENT

**THIS PARENTAL ENDORSEMENT MUST BE COMPLETED,
IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE**

I have read and understand the above RELEASE AND INDEMNITY AGREEMENT and agree to its provisions as they apply to my son/daughter _____ and also agree to be fully bound by them. I further assume full responsibility for my son/daughter relating to any and all activity(s) and/or covered by this Release and Hold Harmless Agreement.

Date

Parent/Guardian Signature