



**YOUTH VOLUNTEER REGISTRATION FORM**

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<b>First Name</b>	<b>Last Name</b>	<b>Birth Date</b>
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<b>Project Name</b>	<b>Project Date</b>
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<b>Name of Person to Contact in Case of Emergency</b>	<b>Relationship</b>	<b>Phone Number</b>
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**RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**  
**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

(“Volunteer”) enters into this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (this “Release”) in favor of Hands On Portland, an Oregon nonprofit corporation doing business as Hands On Greater Portland, and its administrators, directors, officers, members, employees, agents and volunteers (collectively, “Hands On”).

Volunteer desires to work as a volunteer for Hands On and engage in the activities related to being a volunteer (the “Activities”). Volunteer understands that the Activities may include lifting, climbing, standing on platforms, use of tools, and related activities.

Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE & WAIVER:** Volunteer does hereby release, forever discharge, covenant not to sue, and hold harmless Hands On and its successors and assigns from any and all liability, claims, or demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s participation in the Activities with Hands On. Volunteer understands that this Release discharges Hands On from any liability or claim that Volunteer may have against Hands On with respect to any losses or damages, including without limitation any bodily injury, personal injury, illness, death or property damage, that may result from Volunteer’s Activities with Hands On, whether caused or alleged to be caused, in whole or in part, by the negligence of Hands On or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Hands On does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge Hands On from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with Hands On.

**ASSUMPTION OF THE RISK:** Volunteer hereby attests that his/her attendance and participation in the Activities is voluntary. Volunteer fully understands that the Activities involve unavoidable risks and dangers of serious bodily injury, including permanent disability, paralysis and death. Volunteer also understands that there may be other risks of social and/or economic losses that are not known to him/her and/or not readily foreseeable at this time. Volunteer hereby expressly and specifically accepts and assumes all such risks and all responsibility for losses, costs, and damages that he/she may incur as a result of his/her participation in the Activities.

**INSURANCE:** Volunteer understands that, except as otherwise agreed to by Hands On in writing, Hands On does not carry or maintain health, medical, or disability insurance coverage for Volunteer.

**EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO OBTAIN HIS/HER OWN MEDICAL OR HEALTH INSURANCE COVERAGE.**

INDEMNITY AGREEMENT: Volunteer agrees to hold harmless and defend Hands On with respect to any and all actions, claims or demands that may be made or brought against Hands On arising from or in connection with his/her participation in the Activities, and agrees to compensate Hands On for reasonable attorney's fees and expenses arising in connection therewith.

Volunteer understands that they may be subject to a background check by nonprofit partners, depending on the nature of the volunteer opportunity and on the nonprofit's requirements associated with that volunteer opportunity. The Volunteer will be notified if the opportunity requires a background check and the Volunteer will have the option of granting or denying the nonprofit permission to run the background check.

OTHER: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oregon. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

PHOTO/VIDEO: I hereby authorize and consent that Hands On Greater Portland, United Way of the Columbia Willamette, and United Way Worldwide, their legal representatives, successors or assigns shall have the absolute right to copyright, publish, use, or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of me on this date or in which I may be included, name or other biographical data, in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news item, motion pictures, internet usage, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or my real or fictitious biographical data, or in reproduction thereof in color or otherwise in any media now known or hereby created.

I hereby waive all claims for any compensation for such use or for damages other than as set forth herein.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I acknowledge that there is no obligation to use any material authorized by me hereunder.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to execution, and that I am fully familiar with the contents thereof.

**By agreeing to this Release, Volunteer warrants that he/she has read and fully understands this Release and that he/she is fully familiar with its contents and terms. Volunteer agrees to this Release freely and without inducement or assurance of any nature.**

**VOLUNTEER UNDERSTANDS THAT HE/SHE IS GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE. VOLUNTEER INTENDS THIS RELEASE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

IN WITNESS WHEREOF, Volunteer is of legal mental capacity to act as his/her own representative in agreeing to this release.

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Parent/Guardian's Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date

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Print Parent/Guardian's Name