

**City of St. Helens, Oregon**  
**CITIZENS DAY IN THE PARK**  
**JUNE 22, 2024**  
**VOLUNTEER RELEASE AGREEMENT**

**Scan QR Code for Event  
& Volunteer Details**



**Name of Volunteer:** \_\_\_\_\_  
**Cell Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Volunteer Interest:** \_\_\_\_\_

The undersigned volunteer hereby states and agrees that the undersigned voluntarily consents to performing community service/volunteer work for the **2024 Citizens Day in the Park Event** put on by the City of St. Helens. The City agrees to accept the above-named individual as a volunteer, subject to this statement/release agreement being signed by the volunteer. This agreement is valid for this event only. The City may terminate this agreement at any time and for any reason.

The undersigned hereby represents and warrants that:

- (1) the undersigned is neither a convicted felon nor been convicted in any court of a crime punishable by imprisonment for a term exceeding one year;
- (2) the undersigned is not a fugitive from justice; and
- (3) the undersigned is not an unlawful user of or addicted to any controlled substance (as defined in Section 102 of the Controlled Substances Act 21 U.S.C. 802).

The undersigned hereby states and agrees not to consume alcohol or illegal drugs during volunteer service or to perform volunteer service while under the influence of alcohol or illegal drugs.

The undersigned hereby states and agrees that the undersigned is not an employee of City of St. Helens and shall not be entitled to compensation, overtime, compensatory time, benefits, PERS, or other City provided benefits of employment, including workers' compensation insurance.

The undersigned does hereby further agree for themselves and for their heirs, executors, administrators, successors, and assigns, to release and forever discharge the City of St. Helens and its officers, directors, agents, employees, successors, and assigns from any and all claims or causes of action which the undersigned now has or which may hereafter accrue against the City of St. Helens, in connection with or arising out of the performance of the above-referenced volunteer/community service work, including, without limitation, personal injury or death.

As a community service worker/volunteer, I understand that I will be covered by City liability insurance as a volunteer to the extent provided by law; notwithstanding this coverage, I agree to hold harmless, indemnify, and defend City, its officers, agents, and employees from any and all liability, actions, claims, losses, damages or other costs including attorney's fees and witness costs (at both trial and appeal level, whether or not a trial or appeal ever takes place) that may be asserted by any person or entity arising from, during or in connection with my actions in performing volunteer/community service work. Such indemnification shall also cover claims brought against City under state or federal workers compensation laws. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification.

**THE UNDERSIGNED HAS READ THE FOREGOING MUTUAL RELEASE AND FULLY UNDERSTANDS IT.**

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parental Consent (required if volunteer is under the age of 18):**

I am the parent/legal guardian of volunteer and I consent to the signing of this agreement.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Parent/Legal Guardian:** \_\_\_\_\_