



City of Tualatin Volunteer Waiver

*REQUIRED FIELDS

Contact Information (We do not share your information.)	
* Full Name (print):	
* Street Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	Work Phone:
* E-Mail Address:	<input type="checkbox"/> Do not add to email list
Event:	

Person to Notify in Case of Emergency		
* Name	* Relationship	
* Home Phone	Cell Phone	Work Phone

Additional Group Members	
Name	Relationship

Agreement and Signature	
<p>In participating in the event indicated above, I acknowledge that I understand there are risks of accidents resulting in bodily harm to me arising out of this activity. I further acknowledge that I have the physical capacity reasonably necessary to engage in this project. I hereby waive all claims that I might have against City of Tualatin, its officers, agents, employees, co-sponsoring organizations, or individuals for 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. I agree that photographs taken of me may be used by the sponsoring agencies in any materials or publications, printed or electronic.</p>	
* Signature	* Date
Signature of Parent or Guardian if under 18	Date

Contact me for future events:			
<input type="checkbox"/> Plantings	<input type="checkbox"/> Pumpkin Regatta	<input type="checkbox"/> Library	<input type="checkbox"/> Crawfish
<input type="checkbox"/> Special Events	<input type="checkbox"/> Mulching	<input type="checkbox"/> Other:	

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