



## CONDITIONS OF VOLUNTEER SERVICE

Activity: Philomath Frolic & Rodeo and all associated activities Calendar Year: \_\_\_\_\_

As a volunteer working at Philomath Frolic & Rodeo, Inc. (FROLIC), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by FROLIC insurance. Please read carefully and sign to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

### TORT LIABILITY

FROLIC will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You work on a FROLIC task assigned by an authorized FROLIC director; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

### MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. FROLIC does not provide automobile liability coverage.

### WORKERS' COMPENSATION INSURANCE

Workers' compensation coverage is not provided for volunteers of FROLIC.

### FROLIC STANDARDS AND POLICIES

You will conduct yourself in a manner that is considerate of others and in accordance with FROLIC Standards and Policies and with any federal, state, city and other applicable laws or rules where the ACTIVITY is occurring.

### RECORDED MEDIA

I recognize and acknowledge that FROLIC may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release FROLIC to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any promotional purpose.

### REPORTING RESPONSIBILITY

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your FROLIC supervisor or a Director as soon as possible.

### ASSIGNED DUTIES

You are responsible to notify FROLIC if at any time you are assigned duties you are not comfortable completing. Duties may include computer work, sitting, standing, walking, lifting, climbing, using hand and power tools, driving vehicles and equipment, working with or near animals, etc.

**TOTAL VOLUNTEER HOURS:** \_\_\_\_\_ Estimate total hours for the calendar year.



### VOLUNTEER ASSUMPTION OF RISK

**PLEASE READ CAREFULLY:**

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized FROLIC volunteer, I understand that FROLIC will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Philomath Frolic & Rodeo Inc. and its respective board members, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Philomath Frolic & Rodeo, Inc. or its board members, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the FROLIC. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize FROLIC to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that FROLIC has no obligation to provide or seek out any medical treatment. I also authorize FROLIC to contact the individual identified as an emergency contact in the case of an emergency.

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I declare that I have read both the Conditions of Volunteer Service and Volunteer Assumption of Risk in its entirety and understand the above provisions and that I agree to be bound by them. I declare that I am 18 years of age or older and, if not, I understand I must have a parent or legal guardian sign below. I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Volunteers who are not 18 years of age or older must sign above and also must obtain the signature of a parent or other legal guardian below.

**PARENT OR LEGAL GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

My signature below hereby represents that I have read, understand, and consent to this agreement.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Note:** Volunteers must complete a new form each year and provide it to the PF&R secretary. [PFR.secretary@gmail.com](mailto:PFR.secretary@gmail.com)  
This form will remain on file at the rodeo ticket office where the majority of the volunteer duties are performed.

**COMPLETE BOTH SIDES OF THIS FORM**