



2019 Gorge Days Individual Volunteer Agreement

I _____ hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for _____. I understand I will not be compensated for my work but I will complete my volunteer duties in a responsible manner. If I decide to discontinue my volunteer service I will notify Deanna Syron at gorgedaysfestival@gmail.com or by phone at (360) 949-3347. Further, I hereby certify that I am capable of performing the duties as outlined in the attached scope of volunteer work (check which applies): Without accommodation () With the following accommodation(s) () : _____

In consideration of Bonneville Trails Foundation giving me permission to perform these volunteer services, I agree to the following terms (initial each):

1. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
2. _____ I will abide by all of Bonneville Trails Foundation policies regarding personal conduct while performing volunteer services.
3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
4. _____ Should an injury occur during the scope of my service, I understand that as long as I track my hours on the sheet provided, Bonneville Trails Foundation will include my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
5. _____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to Deanna Syron and/or Bonneville Trails Foundation and/or The City of North Bonneville.
6. _____ I understand that I or Bonneville Trails Foundation may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
7. _____ I am fully aware that the work associated with being a volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the volunteer program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of The City of North Bonneville facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless The City of North Bonneville, the Bonneville Trails Foundation, its officials, employees, volunteers and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of The City of North Bonneville or the Bonneville Trails Foundation.
8. _____ I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. YES _____ NO _____

~This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 2019

Volunteer Signature: _____ Volunteer Printed Name: _____

Address: _____ Phone Number: _____ Email: _____

Parent/Legal Guardian Info (if applies): Name: _____ Phone: _____