



2019 Gorge Days Organizational Volunteer Agreement

Our organization, _____, hereby will provide volunteers to perform only the services as outlined in the attached scope of volunteer work for Bonneville Trails Foundation.

We understand we will not be compensated for our work but we will complete our 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, we hereby certify that our volunteers are 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 us permission to perform these volunteer services, we agree to the following terms (initial each):

1. _____ We understand that none of the volunteers are to appear for volunteer service under the influence of any drugs or alcohol.
2. _____ We will abide by all of Bonneville Trails Foundation policies regarding personal conduct while performing volunteer services.
3. _____ We agree not to go beyond the scope of volunteer work agreed to without authorization.
4. _____ We will provide Bonneville Trails Foundation with a roster of individual participants including the names, ages, and hours worked on the attached volunteer hours sheet.
5. _____ Should an injury occur during the scope of our service, we understand that as long as we track our hours on the sheet provided, Bonneville Trails Foundation will include our hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
6. _____ We understand that we are to report any on-the-job injury or illness, no matter how minor, to Deanna Syron or the Bonneville Trails Foundation.
7. _____ We understand that we or Bonneville Trails Foundation may terminate this agreement at any time without cause, that we are volunteering our services at will and may be asked to discontinue such without prior notice or reason.
8. _____ We are 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 our being allowed to participate in the volunteer program, we hereby assume all risk of injury, damage and harm to ourselves arising from such activities or use of The City of North Bonneville facilities. We also hereby individually and on behalf of our heirs, executors and assignees, release and hold harmless The City of North Bonneville, Bonneville Trails Foundation, its officials, employees, volunteers and agents and waive any right of recovery that we might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to us arising out of our volunteer activities, except for those caused by the sole negligence of The City of North Bonneville or Bonneville Trails Foundation.
9. _____ We give permission for photos/videos taken of ourselves during volunteer activities to be used for publicity purposes, without recompense.
10. Our organization has commercial general liability insurance of at least one million dollars to cover our activities. A copy of the certificate of insurance and the additional insured endorsement, naming The City of north Bonneville and Bonneville Trails Foundation as "additional insured" is attached.

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 our volunteer services beginning this date.

Dated this _____ day of _____, 2019

Name of Organization: _____ Authorized Signature on Behalf of Organization: _____

Printed Name: _____ Title: _____ Phone Number: _____

Address: _____ Email: _____