

**POLK COUNTY COMMUNITY SERVICE WORK
WAIVER OF LIABILITY**

Charge(s): _____

Case #: _____

Name _____
(Last) (First) (Middle)

Home Address: _____

Home Phone: _____ Message Phone: _____

Date of Birth : _____

In Case of Emergency, Notify: _____

The person named above, hereinafter referred to as “volunteer”, hereby acknowledges and declares that he or she is participating in a volunteer program for Polk County in order to meet the community service requirements of a state court ordered sentence. While volunteer has been ordered by the state of Oregon to perform community service, volunteer is under no legal obligation to volunteer his or her services for Polk County rather than for some other organization. Additionally, volunteer understands that he or she has the option of refusing to perform community service and to request that the state court which sentenced them to perform community service work impose a different type of sentence. While Polk County deeply appreciates this public service, it must require the following understandings and stipulations as a precondition of allowing the above named person to volunteer for Polk County:

1. Working in a public project (including, but not limited to, improvement or maintenance of roads, bridges, parks, fairgrounds, or other public facilities) involves some degree of risk. Except with respect to injury or damage negligently inflicted by employees of Polk County, the person named above does hereby forever release, discharge and acquit Polk County and its officers, agents and employees from any and all claims for death, personal injury or damage to property of any nature which may arise from or in connection with his or her participation in this program.
2. Volunteer recognizes that if he or she requires medical assistance while participating in this program, he or she agrees to pay any and all costs incurred or occurring as a result of injury or illness suffered while participating in this program. Consent is given to Polk County to arrange for any first aid or ambulance service if an employee or agent of Polk County is in a position to do so. The person named above agrees to abide by guidelines explained to him or her by the person designated as supervisor of the program.

3. Volunteer agrees not to use county-owned vehicles, and to use his or her personal vehicles only when travelling to and from the place where performing volunteer service.
4. The person named above recognizes that he or she is acting as a private and gratuitous volunteer in this program, not as an employee, agent or contractor of Polk County.

Date: _____

Signature: _____