



**City of Maupin**  
507 Grant Ave.  
PO Box 308  
Maupin, Oregon 97037

541-395-2698  
cityhall@cityofmaupin.org  
cityofmaupin.org

## VOLUNTEER REGISTRATION FORM & WAIVER (UNDER 18)

### VOLUNTEER INFORMATION

FULL NAME	
PHONE NUMBER	EMAIL
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	

### SERVICE INFORMATION

DEPARTMENT	DATE(S)
BRIEFLY SUMMARIZE THE VOLUNTEER ACTIVITIES YOU WILL BE TAKING PART IN:	

I, having read and understood the contents and nature of this agreement, state that I understand and agree that:

- I will perform the volunteer services pursuant to the above information.
- The above-described activities may expose me to a variety of hazards. Dependent on the nature of the service, the risk of injury attendant with the service, whether foreseen or unforeseen, cannot be eliminated due to the nature of the service.
- I am trained for the type of services to be provided and agree to assume full responsibility for my own safety.

By signing this release form, I agree to waive and discharge any and all claims and to hold harmless The City of Maupin its officers, employees, volunteers, and agents from any claims for injury or damages, except for our sole negligence, that may arise from, or in connection with my volunteer service described above. I understand this Agreement, I have read this Agreement in its entirety, and I freely and voluntarily assume all risks and responsibilities associated therewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions. This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision, or any part of any provision of this Agreement, is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

### SIGNATURE & DATE

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### PARENT/GUARDIAN SIGNATURE & DATE

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## CONSENT TO MEDICAL TREATMENT OF MINOR

In the event of illness, accident or injury which may occur while said Minor is engaged in the volunteer activity, I hereby authorize and give my consent pursuant to the City of Maupin, its officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the activity, to seek medical treatment for said Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of Oregon.

<b>DATE</b>	
<b>CHILD'S NAME</b>	
<b>SIGNATURE OF PARENT OR GUARDIAN</b>	
<b>FAMILY PHYSICIAN</b>	<b>PHONE NUMBER</b>
<b>INSURANCE COMPANY AND POLICY NO.</b>	
<b>PERTINENT MEDICAL HISTORY (E.G. EPILEPSY, DIABETES, ASTHMA, ALLERGIES TO MEDICINE, ETC.)</b>	