



Conditions of Volunteer Service

Please send completed form to the Office of Risk Management:
riskmanagement@uoregon.edu Fax: 541-346-7008

As a volunteer working for the University of Oregon (University), this document highlights your assumption of risk and acknowledgment of the extent to which you may be covered by University insurance. Please read the following information carefully and sign below to acknowledge that you have assumed the risks associated with your volunteer activity.

Tort Liability

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a University task assigned by an authorized University supervisor;
2. You limit your actions to the duties assigned; 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 other people or property.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300.

Motor Vehicle Liability

If you use a personally owned vehicle in the course of your duties, you must be a certified University driver. You are also required to have automobile liability insurance with at least the minimum statutory limits of liability, which will be your primary coverage for any property damage or bodily injury(s) incurred involving that vehicle.

Workers' Compensation Insurance

Workers' compensation insurance is not provided for Volunteers of the University.

Reporting

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform _____ (name/title of department supervisor) and the Office of Risk Management, (541) 346-8316, within 24 hours.

Assigned Duties *(Describe below or attach additional sheet. Forms cannot be accepted without this information.)*

Total Volunteer Hours _____ Estimate total hours for this activity within this fiscal year (1 Jul - 30 Jun). Complete a new form each year for volunteer service that continues into the next fiscal year, when volunteering for a different activity, or when duties change.)

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Name (Please Print)		UO I.D. #	
Address/City/State		Telephone	
Signature		Date	

Supervisor Name (Please Print)		Telephone	
Supervisor Signature		Date	
Department Name			



Authorized Volunteer of the University
Partial Assumption of Risk
Under the Oregon Tort Claims Act
ORS 30.260-300

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Please Read Carefully

In consideration of being able to volunteer for the University and University providing liability coverage as detailed previously, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon, Board of Trustees of the University of Oregon, University of Oregon and their respective officers, employees, members, agents, and volunteers (the "Released Parties") 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 the Released Parties and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner 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 30.260-300, 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 University.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in case of an emergency.

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer's Name (Printed): _____ UO ID Number: _____

Volunteer's Signature: _____ Date: _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN BELOW.

NAME OF PARENT OR GUARDIAN (please print legibly): _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name (please print legibly): _____

Emergency Contact Phone Number: _____

Relationship to Volunteer: _____

READ AND COMPLETE THE FRONT SIDE OF THIS DOCUMENT