

**City of Chiloquin, Oregon  
Snow Angel Program  
Volunteer Application Agreement Waiver and Release**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

When are you available? Check all that apply:

Weekdays \_\_\_\_\_  
Weekends \_\_\_\_\_  
Mornings \_\_\_\_\_  
Afternoons \_\_\_\_\_

I hereby volunteer my time and services to the City of Chiloquin Snow Angel Program. I understand that this application, agreement, waiver and release shall not in any way constitute nor create an employer/employee relationship between the City of Chiloquin and the Volunteer. The City shall not be responsible, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement. As a volunteer, you are NOT covered by the City of Chiloquin's Workers Compensation program. You are urged to have your own health insurance in the event you are injured while performing your volunteer duties.

In consideration of the Snow Angel Volunteer program, the undersigned agrees to indemnify, defend, hold harmless and release the City, its officers, agents and employees, as well as the Snow Angel Resident, from and against any and all loss, liability, personal injury, property damage, claims, costs and expenses, including attorneys' fees, which may be incurred directly or indirectly as a result of the Snow Angel Program, and agrees not to sue the City, any member of its Public Works Department, or any other City officers, agents or employees, as well as the Snow Angel Resident for any such injury, loss or damage which may be suffered by the undersigned by any reason other than by negligence of the City, and member of its Public Works Department, or any other City officers, agents or employees, as well as the Snow Angel Resident.

Nothing herein contained shall confer any rights on the undersigned or any third party or on the heirs or personal representatives of the undersigned.

The City reserves the right to manage, revise or terminate the Snow Angel Program at any time and for any reason that it deems sufficient.

This waiver shall be binding on and inure to the benefit of the heirs, executors, administrators, successors and assign of the respective parties hereto.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date