CITY OF BEND

Date Received by City: _____

Bend Tree Project

VOLUNTEER INFORMED CONSENT AND RELEASE AGREEMENT

Volunteer Name (print): _____

Volunteer Phone Number: _____

Street Address: _____

Email Address: _____

Description of Volunteer Activity

Data collection within City rights-of-way to support the Bend Tree Project.

The Bend Tree Project provides volunteers with the opportunity to collect data used to develop and maintain the City of Bend's Tree Inventory. This information supports urban forest management, improves maintenance of trees within the public right-of-way, and helps identify locations where additional tree planting is needed.

The individual whose name and signature appear below has volunteered to participate in the Bend Tree Project (the "volunteer activity").

Individuals under 18 years of age (minors) are not permitted to participate in this volunteer activity.

Individual Informed Consent and Release

By signing below, I certify the following:

I am volunteering in the volunteer activity stated above without receiving or expecting compensation from the City of Bend. I am not an employee, contractor, officer, or agent of the City of Bend. I have received instructions on the Bend Tree Project Safety Rules ("Safety Rules") during orientation and a copy of the Safety Rules. I understand and agree to abide by the Safety Rules.

I acknowledge that the volunteer activity, which may include without limitation working adjacent to a roadway, can be a hazardous activity that can cause physical injury and/or property damage. I will exercise due care and caution during the volunteer activity. While participating in the volunteer activity, I will wear a safety vest and appropriate protective clothing, including gloves, eye protection, and closed toe, work-type shoes.

I, for myself, my heirs, my personal representatives, and my assigns, agree to release and forever discharge the City of Bend, its officers, agents, and employees (the "Releasees") from

any and all damages, claims, demands, actions, causes of action, costs, expenses, or any other liabilities, including claims of the Releasees' negligence, related to my participation in the volunteer activity. I agree that this Informed Consent and Release is intended to be as broad and inclusive as permitted by Oregon law. I agree that if any portion is held invalid or unenforceable, all other provisions shall continue in full legal force and effect.

I understand that a photographer or media representative may be present to document the volunteer activity and that I might be photographed while participating. I agree that if I do not wish to be photographed, it is my responsibility to contact the photographer/media and communicate that wish. I grant the City of Bend the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included. I release the City of Bend from all liabilities and claims relating to such photographs.

Volunteer Name (print): _____

Volunteer Signature: _____

Date: _____

This signed form must be provided to the Bend Tree Project Lead prior to beginning volunteer activity described above.

City of Bend
Community Development Department
Bend Tree Project
710 NW Wall Street, Bend, OR 97701
E-mail:**mailto: igray@bendoregon.gov**

Accommodation Information for People with Disabilities & Language Assistance Services
You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please email **accessibility@bendoregon.gov** or call 541-693-2198. Relay Users Dial 7-1-1. All requests are subject to vendor processing times and should be submitted 48-72 hours in advance of events.

Servicios de asistencia lingüística e información sobre alojamiento para personas con discapacidad
Puede obtener esta información en formatos alternativos como Braille, formato electrónico, etc. También disponemos de servicios gratuitos de asistencia lingüística. Póngase en contacto en correo electrónico **accessibility@bendoregon.gov** o número de teléfono 541-693-2198. Los usuarios del servicio de retransmisión deben marcar el 7-1-1. Por favor, envíe sus solicitudes con 48-72 horas de antelación al evento; todas las solicitudes están sujetas a los tiempos de procesamiento del proveedor.