



# CITY OF REEDSPORT

451 Winchester Avenue  
Reedsport, OR 97467-1597  
Phone (541) 271-3603  
Fax (541) 271-2809

## CITY OF REEDSPORT VOLUNTEER WAIVER

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

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

Home phone: \_\_\_\_\_

Work/cell phone: \_\_\_\_\_

In case of emergency contact: (Name) \_\_\_\_\_

(Phone No.) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Which city department/board are you volunteering for? \_\_\_\_\_

## PARTICIPATION WAIVER

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages or injuries I may incur while volunteering for the City of Reedsport, its employees, officers or agents.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_