

THE CREST AT WILLOW-WITT

RELEASE AGREEMENT

I, _____ [name], want to volunteer with THE CREST AT WILLOW-WITT. I understand that the nature of this volunteer opportunity may include outdoor and farming activities.

I understand that signing this Release Agreement ("Agreement") is required before I can volunteer with THE CREST AT WILLOW-WITT. In consideration for participating as a volunteer at The Crest at Willow-Witt I hereby freely and voluntarily without duress, execute this Release under the following terms:

1. **Assumption of Risk and Indemnification.** I understand that while volunteering I may encounter or engage in activities, animals, or conditions that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of materials and local transportation to and from activities/work sites. I also recognize that aspects of farming activities are inherently dangerous. With this knowledge, I hereby expressly and specifically assume the risk of injury or harm in these activities and, as further described in Section 2, below, release The Crest at Willow-Witt from all liability for injury, illness, death, or property damage resulting from my activities and my time at The Crest at Willow-Witt.
2. **Waiver and Release.** By signing below, I, on behalf of my family and heirs, release and forever discharge and hold harmless THE CREST AT WILLOW-WITT and its directors, officers, employees, agents, affiliates, successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from activities at THE CREST AT WILLOW-WITT. I understand and acknowledge that this Agreement discharges The Crest at Willow-Witt from any liability or claim that I or my heirs may have against The Crest at Willow-Witt with respect to bodily injury, personal injury, illness, death, or property damage that may result from my activities and time spent at The Crest at Willow-Witt. I also understand that The Crest at Willow-Witt does not assume any responsibility for or obligation to provide financial assistance or other assistance to me, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage. I am solely responsible for providing my own medical/health insurance and personal property insurance. If I, or anyone on my behalf makes a claim against the Crest at Willow-Witt, I agree to indemnify, save and hold harmless The Crest at Willow-Witt from any claim, including without limitation, loss, liability, damage or cost which may occur as a result of any such claim.
3. **Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation on the part of The Crest at Willow-Witt
4. **Medical Treatment.** I hereby release and forever discharge The Crest at Willow-Witt from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency during my time at The Crest at Willow-Witt.
5. **Photographic Release.** I understand that I may be photographed while volunteering and that such photos may be used in the organization's marketing and promotional materials (e.g., website, print, materials). I hereby release any interest I may have in any photographic images, video or audio recordings that may be taken by the organization. I furthermore permit the organization to use my image without compensation.
6. **Behavior.** I understand that my behavior at The Crest at Willow-Witt must comply with all rules and regulations of the State of Oregon and The Crest at Willow-Witt.
7. **Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the State of Oregon and that this Waiver shall be governed by and interpreted in accordance with the

laws of Oregon. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

COVID-19 ASSUMPTION OF RISK

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing and face coverings.

I further acknowledge that The Crest at Willow-Witt has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that The Crest at Willow-Witt cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily attend volunteer events hosted by The Crest at Willow-Witt and acknowledge that I may be increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending any volunteer work parties.

I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not received a positive test for Coronavirus/Covid-19 in the last 14 days.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

THIS IS A VOLUNTARY RELEASE OF ALL CLAIMS BY YOU. PLEASE READ CAREFULLY BEFORE SIGNING.

I have read this Release Agreement, and understand that I have given up substantial rights by signing it and have signed it freely and voluntarily.

First Name _____

Last Name _____

Email _____

Phone _____

By checking this box below, I am signing that I fully understand and agree to the terms and conditions in the Release form above.

I Agree