

# Southwestern Oregon Repeater Association Volunteer Agreement

- A. In consideration for being permitted to perform activities, the undersigned volunteer agrees to hold harmless Southwestern Oregon Repeater Association, its officers, and agents from and against all liability, claim and demands on account of injury, loss, or damage to volunteer, including without limitations, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, employment claims, workers' compensation claims, or any other loss of any kind whatsoever, which the volunteer may personally sustain during the course of performing his/her activities.
- B. Volunteer acknowledges that there is no workers' compensation coverage available to the volunteer for activities performed within this agreement.
- C. Volunteer acknowledges that they are not a Southwestern Oregon Repeater Association employee and have no employment rights.
- D. Description of activities to be performed include providing radio communication for public events, emergency and disaster events, setting up or helping to setup emergency radio stations, antennas, portable generators and others duties as required. Perform activities/work in maintaining SWORA radio sites.
- E. Period during which activities are performed: The duration of individual's membership.

Agreed to by: Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of signer: \_\_\_\_\_

Parental/legal guardian signatures of volunteers under 18 years of age.

I am/we are the parent(s)/legal guarding(s) of the volunteer and by my/our signature, agree to be bound by and responsible for all of the provisions of this Release and Indemnification Agreement, on behalf of ourselves, the volunteer, and the successors, representatives, heirs, Executors, assigns, and transferees of ourselves and the volunteer. I/we consent to the execution of this Release and Indemnification Agreement and Participation in the above-described activities.

By: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**DUES                      ONE MEMBER PER FORM**

Dues encompass the period of June 1<sup>st</sup>-May 31<sup>st</sup> of the following year.

Printed name: \_\_\_\_\_ Call sign: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Dues are \$5 per year X number of \_\_\_\_\_ years for a total of: \$ \_\_\_\_\_

Additional Donation: \$ \_\_\_\_\_

*Please mail to:*

**SWORA**  
807 Delaware Ave.  
North Bend, OR  
97459