



**Community Care Day**  
**Volunteer’s Release of Liability and Photographic Release (“Release”)**

I desire to volunteer for School District No, 1J, Portland Public Schools (“PPS”) and engage in activities related to Community Care Day (the "Activities").

ASSUMPTION OF RISK. I am aware that the Activities may be inherently dangerous and may expose me to foreseen and unforeseen hazards and risks. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I understand that I am not required to perform any activity that I deem too dangerous or am otherwise unwilling or unable to perform. I expressly and specifically assume such risks, including risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

RELEASE OF LIABILITY: I fully and forever release and discharge PPS from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I covenant not to make or bring any such claim or demand against PPS, and fully and forever release and discharge PPS from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES PPS FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST PPS WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF PPS OR OTHERWISE.

PHOTOGRAPHIC RELEASE: I understand and agree that during the Activities, I may be photographed and videotaped by PPS for internal and promotional use. I grant and convey to PPS all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to PPS's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

Signature of Volunteer: \_\_\_\_\_

Name of Volunteer (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

**If the volunteer is under 18 years of age, a parent or legal guardian must also sign.**

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, consent in all respects to the terms of this Release.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Name of Parent or Legal Guardian (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_