



# Washington County Medical Reserve Corps Liability Form



**NOTICE: This document affects important legal rights that you may have. It is recommended that you consult with an attorney prior to signing below.**

## **Risk Acknowledgement and Release**

I understand that participation in the Washington County Medical Reserve Corps (MRC) may carry risks, including personal injury, from natural or man-made hazards, environmental conditions, diseases and other conditions that have the potential to cause injury. Being fully aware of the potential risks involved, by signing below, I, for myself and for my heirs, personal representatives and assigns, do hereby release and forever discharge Washington County, its elected officials, employees, officers, or agents from any and all claims, demands, damages, costs, expenses, loss of services, actions or causes of action arising out of or connected with my participation in the Washington County Medical Reserve Corps Program.

*Washington County provides excess medical insurance coverage for volunteers injured while performing duties on behalf of the County, up to a maximum of \$25,000. The County's coverage is secondary to any other personal health insurance covering the volunteer. The County provided coverage will act as primary coverage only in the event that the volunteer has no other medical insurance. Should a volunteer sustain an injury eligible for coverage under the County's excess policy, he/she will notify the MRC Coordinator, who will contact County Risk Management and obtain a "Volunteer Injury Compensation Request" form. The volunteer will complete the "Volunteer Injury Compensation Request" form, attach the original medical bills including diagnosis and treatment codes, and return it to the MRC Coordinator. The MRC Coordinator will forward the "Volunteer Injury Compensation Request" form to Risk Management to determine eligibility for payment.*

## **Worker's Compensation**

This is a volunteer position. You are not considered to be a subject worker of Washington County. Therefore any personal injuries or exposures you may contract as a volunteer are not covered by Workers Compensation Insurance through Washington County.

**By submitting this registration form for membership in the Washington County Medical Reserve Corps, I understand and agree to the following:**

- I must be photographed for volunteer staff identification purposes.
- I will only be required to provide or perform services authorized under the terms and conditions of my professional licenses.
- I am willing to volunteer for the purpose of providing healthcare services as directed by public health authorities in the event of an emergency and during public health preparedness exercises or initiatives.
- I am willing to be notified and activated when additional healthcare providers are needed to support the response to an emergency, a public health initiative or preparedness exercise. If I am unable to respond, it will not affect my standing as a volunteer.
- While acting as a volunteer for Washington County MRC, I will be covered for medical liability protection under the Oregon Tort Claims Act.
- I will participate in the required orientation and basic training.
- I will notify Washington County MRC if my contact information changes.
- I will notify Washington County MRC if my Oregon license is suspended, revoked or not renewed.

I hereby agree to the terms and conditions as set forth above and certify that the information on this form is correct to my best knowledge and belief:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Please Mail or Fax or Email Completed Form To:**

**Mail:** Lisa Limongan, MRC Coordinator, 155 N First Ave. MS4, Hillsboro, OR 97124-3072

**Fax:** Attn: Lisa Limongan (503) 846-3644

Phone: 503-572-9138, Email: [lisa\\_limongan@co.washington.or.us](mailto:lisa_limongan@co.washington.or.us)