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| Report Type: Group Work party Project Summary Chapter Summary Year: 201 | | Agency & District: : |
| Project Date: | | Agency Contact Person: |
| Reporting Name: | | Project Name: |
| OET Chapter: Grant County | | Projection Location: |
| Field Services Rep: | | Description of Work: |

Your Signature releases the organizing group or agency from any and all liability in the event you or your animals are injured or killed while participating in the outing. Participants under the age of 18 must have the signature of a parent or legal guardian.
Tailgate Subject Discussed: _____ Tailgate Session Leader: _____

| | | Total Work Hours | | | | Travel & Mileage | | | Total Personal Use | | Donations | Pack/Saddle Stock | |
|-------------------------------------|----------------|------------------|------------|------------|-----------------|------------------|----------------------------|---------------------|--------------------|------------------------------|---------------------------|-------------------|-----------------|
| Volunteer Name(s) Agency or Chapter | Activity Date: | Skilled Labor | Trail Work | Edu-cation | Public Meetings | Travel Time | Personal Vehicle - Mileage | Stock Hauling Miles | Power Equip Hours | Heavy Equipment (Local Rate) | Dollars or Material Value | # Used | # of Stock Days |
| (Print Name) | | | | | | | | | | | | | |
| (Signature) | | | | | | | | | | | | | |
| (Print Name) | | | | | | | | | | | | | |
| (Signature) | | | | | | | | | | | | | |
| (Print Name) | | | | | | | | | | | | | |
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| (Signature) | | | | | | | | | | | | | |
| (Print Name) | | | | | | | | | | | | | |
| (Signature) | | | | | | | | | | | | | |

1. Skilled labor, i. e., packing carpentry, bridge construction, teamster, ect.
2. Trail Work: Maintenance & recon not required skilled labor, i.e., brushing, clearing, grubbing, ect.
3. Education included preparation and presenting times.
4. Travel Time: Actual time from home to project or event and return
5. # Stock used per day x# of days=stock days

| |
|------------------------------|
| Total Page 1 |
| Total Page 2 |
| Total Page 3 |
| Total Page 4 |
| Total All Pages _____ |

OET VOLUNTEER HOURS FORM EXPLANATION

Project coordinator fills out the top section and makes sure all information is complete. Include the phone number for both reporting person and agency contact.

DO NOT enter values on the report other than the DONATIONS. The VP of Field Services will establish all other values for the year end report. Please write or

Print clearly.

***Each worker must sign in.** Using two lines per person, print the participant's name in the first row and then have them sign on the row under it. This report also functions as a release. Participants must sign in before they begin any work.

The Tailgate Session leader is responsible for the discussion on safety and safety equipment. The leader assures that all workers are properly trained in safety procedures for this project. The leader should also make sure that every worker works within his or her capabilities or works with an experienced person.

Make two copies of the original. **Send the original** to the Agency contact person or the Agency Volunteer Coordinator. This person varies by agency so be sure it gets to the proper person so your group gets credit for the work performed. **Send one** copy to the OET VP Field Services & **retain one copy** for chapter records.

Turn in all forms immediately after the work party, meeting, or training session. Do not hold onto the forms. **Forms must be turned in by September 10th to be included in the agency fiscal year.** All forms must be turned in by January 15th to be counted for the Field Services Volunteer Chapter of the year.

IF YOU HAVE QUESTIONS CONTACT THE VP of FIELD SERVICES.

Instructions for filling in the sections **on the form:**

1. Group Report, Individual **Report, Project Summary** or **Chapter Summary** – check which one applies to your needs.
2. Project Date: date or dates of this reported service.
3. Reporting Name: Person filing this report. Trail/project boss etc.
4. OET Chapter: Chapter name for volunteers included on this report. If more than one chapter work together complete separate forms for each chapter.
5. Agency & District: Should be pretty clear. i.e. USFS, Fremont Ranger District
6. Agency Contact Person: representative working with your group.
7. Project Name: actual project name, educational clinic, seminar, public meeting, etc.
8. Project Location: where is it?
9. Description of Work: Trail project – brushing, logging out (how many/what size per mile), water bar construction, general packing, garbage packing. Trail reconstruction, number of miles or number of structures completed etc.? Was this an educational clinic or class? Was this a public meeting – what about?
10. Volunteer **Name(s), Agency or Chapter:** If group report or project summary, list the names of the volunteers. If individual, do a separate sheet for each agency. List projects separately.
11. Activity Date: What are the dates (start & stop) for this entry.
12. Skilled Labor: Actual hours for activities requiring skilled labor such as packing, carpentry, bridge construction, teamster, etc.
13. Trail Work: Trail maintenance/recon hours not requiring skilled labor, i.e., brushing, clearing, drainage, etc.
14. Education: Actual hours spent in preparation and conducting educational clinics, seminars, classes, etc. (This entry assists the agencies in meeting their requirements for educational activities.) This does not include OET booth setup/duty at Fairs and Expos.
15. Public Mtgs: Actual hours spent in attending or presenting at public meetings relating to OET activities or issues.
16. Travel Time: Actual hours going from home to projects, educational, or public meetings and back.
17. Personal Vehicle: Actual personal vehicle miles from home to projects, educational meetings, public meetings, and back.
18. Stock Hauling: Actual miles (truck/truck and trailer) from home to projects and back.
19. Power Equip Firs: Total personal use hours for personally owned power equipment used on projects, i.e., chainsaws, power pruners, etc.
20. Heavy Equip Local Rate: Total comparable local daily or hourly rate for heavy equipment used on projects, i.e., tractor and post driver at \$50/hr for 4 hours.
21. Donations \$ Chapter Pers/Bus: donations of money, material (nails, gravel, etc.), supplies, etc from chapter coffers, personal accounts or business accounts.
22. Pack & Saddle Stock Number Used: Number used to complete a project.
23. *1/Of Days -- how many days were these animals used?*

RELEASE

THIS DOCUMENT AFFECTS YOUR RIGHTS IN EVENT OF INJURY

Releasor desires to engage in equine activities sponsored by, or in which Releasor will be using an equine, tack, equipment, facilities, and/or premises, furnished by, Releasee.

Releasor understands there are risks in equine activities.

As a condition of participation in the equine activities, Releasor waives the right to bring and releases Releasee and Releasee's administrators, agents, officers, directors, employees, predecessors and successors-in-interest, and any other persons or entities united in interest with Releasee from any and all manner of actions, suits, claims for relief, demands, damages, and any other obligations, known and unknown, suspected and unsuspected, in law or equity, direct or indirect, and whether now or in the future, for any injury or death arising out of or connected in any way with riding, training, driving, grooming, or riding as a passenger upon an equine.

If for any reason any provision of this release is determined to be invalid, the remainder shall continue in full force and effect.

If I am being furnished an equine, I acknowledge reasonable and prudent efforts have been made to determine my ability to safely ride, train, drive, groom, or ride as a passenger upon an equine and to manage the equine furnished.

If I am being furnished equipment or tack, I acknowledge it has been reasonably and prudently inspected.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual, not a mere recital.

I HAVE READ AND UNDERSTAND THIS RELEASE:

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

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RELEASOR: _____ DATE: _____

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RELEASOR: _____ DATE: _____

RELEASOR: _____ DATE: _____

Copyright _____ RELEASEE: OREGON EQUESTRIAN TRAILS, _____
Lee D. Kersten, 1991 (chapter)
All Rights Reserved

Revised 3/16/06

WARNING: "The limitations on liability provided in ORS 30.091 shall apply to an adult participant in the circumstances listed in subsection (1)(b) of this section if the participant, prior to riding, training, driving, grooming or riding as a passenger upon an equine, knowingly executes a release stating that as a condition of participation, the participant waives the right to bring an action against the equine professional or equine activity sponsor for any injury or death arising out of riding, training, driving, grooming or riding as a passenger upon the equine. A release so executed shall be binding upon the adult participant...."

OET WORK PARTY TAILGATE SAFETY SESSION

This form is to be completed at the beginning of every Work Party.

Date: _____ Land Agency: _____

Project Leader: _____

Tailgate Safety Session Given By: _____

Applicable JHA for the Day's Work: _____

Emergency Communications Leader: _____

Cell Phone&/or Radio: _____

CPR/First Aid Leader: _____

Physical Location of Work Party: _____

Emergency Help Access Point: _____

Local Emergency Phone Number: _____

Tailgate Session Safety Checklist

This check list serves as a record of volunteers' participation in this work party. The checklist is an indication of personal protective equipment/garments required for trail work and power equipment operation. **Chainsaw users must use approved chaps, hearing protection, safety glasses and wear 8 inch leather boots minimally and be first aid/CPR certified. One person on the crosscut saw must have current crosscut certification.**

Work Boots: _____ Long Sleeves: _____ Eye Protection: _____ Gloves: _____ (Saws) Chaps: _____

Ear Protections: _____ First Aid Kit: _____

Special Safety Comments: _____

PLEASE COMPLETE AND SIGN THE FORM ON THE BACK SIDE OF THIS PAGE

