



Letter of Agreement

Date: 4/24/25

Presenter: City of Tualatin

Address: 18880 SW Martinazzi Avenue

City, State, ZIP: Tualatin, OR 97062

Presenter Email: sshepherd@tualatin.gov

Contact Person: Sara Shepherd

Phone Number: 503-691-3014

This letter serves as a formal agreement between Washington County and _____
City of Tualatin, Presenter, whereby Presenter

will provide a weekly Yoga class for veterans and their support person(s).

on Saturdays at 10:15 am, from 7/1/25-9/30/25.

Services will take place at Juanita Pohl Center, 8513 SW Tualatin, OR 97062.

Presenter will be compensated for services provided in the amount of \$32 per week, for 13 weeks, TOTAL: \$416.

Payment will be disbursed within 30 days of receipt of invoice after completion of services.

Presenter Services shall include the following:

Veterans weekly yoga class on Saturdays from 10:15am-11:15am. Veterans Yoga is a class where all veterans can come together to support each other and learn gentle stretches to ease suffering from combat and post traumatic stress.

Students will be guided to move and breathe to bring healing to the whole warrior. This program is for veterans, their support folks, family members (spouses, widow/widowers, children, parents) and friends. This class will be free for veterans and their support person.

Information about Washington County Veteran Services will be available at class.

Washington County shall provide the following:

Veteran Services flier with QR code.

Advertising of event/series in Stronger Together e-newsletter and sending flier to multiple list serves that reach Washington County Veterans.



Presenter shall, subject to, but exclusive of costs of defense and indemnity, the limitations set out in the Oregon Tort Claims Act(ORS 30.260 to 30.300) and Chapter X, Section 42 of the Tualatin Charter of 1967, defend, indemnify and hold harmless the County, its agents, officers, elected officials and employees from and against all claims, demands and judgments (including attorney fees) made or recovered against them including, but not limited to, damages to real or tangible property or for bodily injury or death to any person, arising out of, or in connection with the service provided, to the extent such damage, injury or death is caused or sustained in connection with the negligent performance or willful misconduct of the Presenter. The County agrees to promptly notify the Presenter in writing of any such claim or demand to indemnify and agrees to cooperate with the Presenter in a reasonable manner to facilitate the defense of such claim.

Presenter certifies that they: ☒ Comply with ORS 656.017
☐ Are exempt from the requirements

With regards to State of Oregon requirements to obtain worker's compensation insurance under ORS Chapter 656

Department Head or Division Manager Signature
Rebecca Miller

Department Head or Division Manager Name Printed

Date
503-846-3080

Phone Number

Presenter or Authorized Signer Signature

Presenter or Authorized Signer Name Printed

Date

Phone Number

Procurement Manager or Designee
Vicki Horn

Washington County Contact Name Printed

Date
503-846-3051

Phone Number