



CITY OF OPELIKA & KEEP OPELIKA BEAUTIFUL  
CLEAN-UP EVENT  
RELEASE & WAIVER FORM

This document must be signed by all volunteers and clean-up participants. If the volunteer is under the age of 19, this document must be signed by his or her parent or legal guardian.

Participant Information

Name of Volunteer (Please Print): \_\_\_\_\_  
First/Middle/Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I understand that my participation in the Clean-Up Event may involve certain activities including:

- (a) Cleaning up near highways or roads that may have motor traffic;
- (b) Cleaning up along areas that may be steep and hazardous;
- (c) Picking up broken glass, rusty cans and other potentially dangerous trash; and
- (d) Cleaning up in an area that may contain harmful pollutants.

I understand and acknowledge that my participation in any of these activities is completely voluntary. I also understand that I will select the activities in which I will participate and that it is my responsibility to choose activities that I can handle. I further understand that, at any time during the clean-up, I can choose to do another activity that I may feel more comfortable performing.

I acknowledge that I am in good health. I understand that the clean-up is a potentially dangerous activity. Nonetheless, I assume all risks associated with participating in the clean-up. I understand that these risks include but are not limited to those risks (a) that are listed in the first paragraph; (b) that are associated with travel to and from the clean-up site, (c) that involve natural events such as weather; and (d) that involve equipment used during the activity.

I assume these risks knowing that during the clean-up (a) I could suffer serious bodily injury or die and (b) I could receive cuts and abrasions and (c) I could lose personal property such as jewelry or watches.

#### Volunteer Activity:

I am volunteering my time and services without any compensation as a volunteer to clean up highway and street rights-of-way within the City of Opelika.

#### Release:

I release the clean-up coordinators, team leaders, clean-up sponsors, the City of Opelika, Keep Opelika Beautiful, Inc., and their officers, agents, successors and assigns from any liability, claim or loss due to my participation in the clean-up event. This includes all claims for personal injury, wrongful death, property damage and any other injury that I may sustain. This general release shall be binding upon me and any heirs, executors, administrators or assigns.

#### Assumption of Risks:

I assume all risks of participating in the clean-up event. I am of sound mind and body and have no impairments preventing me from participating in the activities described above. I understand no workers' compensation or third-party insurance benefits will be available to me. I will be personally responsible for my own safety during these activities and assume all risks and accept full and complete responsibility for any and all damages and personal injury I may suffer of any kind, including death. I recognize the City of Opelika, Keep Opelika Beautiful, Inc., clean-up coordinators, team leaders, event sponsors, or their agents, volunteers or affiliates make no representations whatsoever as to whether clean-up areas are safe or as to whether the safety recommendations provided are comprehensive or adequate.

#### Photo Release:

I hereby consent that videotapes and/or photographs in which I appear may be used by City of Opelika & Keep Opelika Beautiful, Inc., its assigns, or successors for educational and public relations purposes in whatever manner the City of Opelika & Keep Opelika Beautiful, Inc., desires. I hereby consent that such photographs shall be the property of City of Opelika & Keep

Opelika Beautiful, Inc., and it shall have the right to sell, duplicate, reproduce and make other uses of such photographs and/or recordings as it may desire free and clear of any claim whatsoever on my part. I fully understand the comprehensive nature of this Release and voluntarily consent to sign it.

My signature below confirms that I have read and understood the above document and that I voluntarily, freely and without duress agree to its terms.

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
DATE

In case of emergency, please call

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

If participant is under the age of 19, parent or legal guardian must sign below:

Permission for Participation and Release of Liability

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, and I hereby consent to his/her participation. I have read, understand and agree on behalf of myself and the participant to the terms set forth above.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

\_\_\_\_\_  
SIGNATURE OF PARENT OR  
LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN  
(PRINT)

\_\_\_\_\_  
NAME OF PARTICIPANT UNDER THE AGE OF 19