

Trash Cleanup Volunteer Registration Form

Name: _____

Group Name/Organization: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Emergency Contact Person:

Name: _____

Relationship: _____

Phone Number- Daytime: _____ Evening: _____

LIABILITY/MEDICAL RELEASE

I understand that activities associated with service projects for _____ involve risks of injury or illness, and resulting losses, which might be caused by my own actions or inactions, the actions or inactions of other persons, conditions of the property or any equipment used, and other causes or risks not known or foreseeable at this time. I assume all those risks and I accept responsibility for all damages and expenses which might result from an injury or illness arising out of or related to my service for _____. I release, waive, discharge, and agree not to sue _____, its agents, employees, and/or sponsors, for any claims, losses or damages on account of injury or illness. I authorize _____ and/or any individual designated by it to obtain emergency medical treatment for me / my child, if necessary.

Signature _____ Date _____

Print name

If under age 18, must have signature of parent or guardian.

PHOTOGRAPHIC WAIVER

I hereby give my permission for my / my child's photograph to be taken during events conducted by _____. Such images may be used by _____ for various purposes both commercial and non-commercial, and/or by sponsors of these events for similar purposes.

Signature _____ Date _____

Print name

If under age 18, must have signature of parent or guardian.