

KEEP FORSYTH COUNTY BEAUTIFUL PARTICIPATION

MEDICAL RELEASE, PHOTO & LIABILITY WAIVER FORM

Voluntary - I hereby “volunteer” to participate with Keep Forsyth County Beautiful (KFCB). I will select the activities in which I will participate. As used in this Medical Release, Photo & Liability Waiver Form, the term “activities” and “services” are treated synonymously and pertain to any activity undertaken by and through KFCB related to the cleaning of property. I will choose activities that are within my physical capacity. Based upon the good and valuable consideration of KFCB allowing me to participate in the activities, for which I would otherwise not be allowed to participate the receipt of which is acknowledged by my signature, below, I hereby make the following promises and assurances to KFCB and Forsyth County (the “County”):

Assumption of Risk - I realize that during this service, there are several ways that I could potentially experience bodily injury. For example, I might choose to (a) clean up a steep embankment, (b) walk into areas where it is difficult or impossible to see hazards such as broken glass, nails or metal, (c) clean up near traveled highways or roads where vehicles are passing nearby, (d) cut vegetation with sharp tools, (e) pick up sharp items, and (f) clean up in an area that may contain harmful pollutants, bacteria, or parasites. I realize that my participation in any of these activities is voluntary and I assume the risks associated with these activities. I acknowledge that I am free at any time to decline any activity or service that I choose. I further acknowledge and agree that neither KFCB, Forsyth County, Association County Commissioners of Georgia, or any employee, officer, or agent thereof (the “County parties”) possesses superior knowledge of the property for which I will be providing service, and that my knowledge of the property and the conditions thereon is superior to that of the County parties. I could: (a) receive cuts and abrasions, (b) lose personal property such as watches or jewelry, and (c) suffer serious bodily injury. There are also risks involved that are necessarily associated with intense outdoor activity, such as heat exhaustion, stroke, dehydration and animal bites. I freely assume these and other related risks. While the above are examples of potential risks I may face, they are not meant to be comprehensive. I acknowledge that in providing the service or participating in the activities I could be subject to the full range of injuries that may occur to anyone working outdoors on steep terrain, along roadsides, or in littered areas where viewing conditions on the ground is difficult or impossible.

Waiver and Release - I hereby release and hold harmless the sponsors, organizers, volunteers, County parties, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all liability and/or damages associated with my participation in the activities and service including, but not limited to transportation to and from these activities. If I choose to ride in a Forsyth County-owned vehicle, and the driver thereof is involved in a collision or otherwise operates the vehicle in a manner that allegedly causes me injury or death, I hereby release and hold harmless the operator of the vehicle and the County parties from any claims arising therefrom. I acknowledge that this promise to release and hold harmless the vehicle operator and County parties from liability is supported by good and adequate consideration. I further release the County parties from all actions or claims of any kind, to include claims for bodily injury or death, that arise from or related to my participation in the services. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Medical Treatment - If I am injured during the community service, any County party may render medical services to me, or request that others provide such services. By taking such action, the County party or parties do not admit liability and such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the services / activities, it is my responsibility

to seek appropriate medical care and to notify the community service organizers. I understand that this waiver will have no bearing on any workers' compensation claims, if applicable, that I may make as a result of my participation in the service / activities.

Photo Consent - I give permission to Keep Forsyth County Beautiful to take photographs during volunteer events, educational programs and other KFCB activities and use those photographs in advertising, social media pages or other means of promoting the KFCB mission.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT (2 pages). ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION. I FURTHER ACKNOWLEDGE HAVING SUFFICIENT TIME TO CONSULT WITH AN ATTORNEY REGARDING ANY PROVISION SET FORTH HEREIN. IN CONSIDERATION OF THE "RELEASEES" ALLOWING ME TO PARTICIPATE, AND FOR OTHER CONSIDERATION RECEIVED, I HEREBY AGREE TO THE ABOVE AS EVIDENCED BY MY SIGNATURE AFFIXED BELOW.

Volunteer's Printed Name

Volunteer's Signature

Parent's Printed Name (if volunteer is under 18)

Parent's Signature

Date _____

Address _____

Email _____

Emergency Contact Person _____

Emergency Contact's Phone Number _____