

Big Creek Wetlands Workday 2012
Saturday, March 10, 2012 9:00am-12:00pm

MEDICAL RELEASE, PHOTO RELEASE, & LIABILITY WAIVER FORM

Voluntary - My participation in this Workday is voluntary. I will select the activities in which I will participate. I will choose activities that are within my physical capacities. I will stay away from the water if I cannot swim and/or if I have any open cuts.

Assumption of Risk - I realize that during this Workday, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to (a) clean up slippery stream and river banks, (b) wade in streams or rivers that may contain strong currents or uneven bottoms, (c) clean up near highways or roads, (d) cut vegetation with sharp tools, (e) pick up sharp items, and (f) clean up in or near a stream or river that may contain harmful pollutants, bacteria, or parasites. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could: (a) receive cuts and abrasions, (b) lose personal property such as watches or jewelry, and (c) suffer serious bodily injury.

Waiver - I release the sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims of any kind that relate to my participation in the Workday. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold the sponsors, organizers, volunteers, and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the Workday.

Medical Treatment - If I am injured during the Workday, the organizers or volunteers of the Workday may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that 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 Workday, it is my responsibility to seek appropriate medical care and to notify the Workday organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this event.

Pictures - I agree that any pictures or videos taken of me or my children/dependents during the Workday can be used by Keep Roswell Beautiful for future promotional campaigns.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

Participant's Printed Name

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

Signature

Date

Parent's Signature

Date

Emergency Contact

Emergency Phone

Please return all waivers to:

Vicki Culbreth • 38 Hill Street, Suite 235, Roswell, GA 30075,
Ph: 770-641-3742 • Fax: 770-641-3750 • vculbreth@roswellgov.com