

**THE GREAT AMERICAN CLEANUP—  
SATURDAY, MARCH 24, 2018  
FORM DEADLINE: MARCH 16, 2018**

**(T-SHIRTS OFFERED FREE TO FIRST 400 REGISTRANTS! NOT AVAILABLE FOR PURCHASE.  
KCNB MAY SUBSTITUTE SIZES AS NEEDED.)**

**Please scan or photo and email form to:  
lriley@co.newton.ga.us**

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Estimated # of Volunteers: \_\_\_\_\_

# of T-Shirt Sizes:    \_\_\_\_\_ XXL    \_\_\_\_\_ XL    \_\_\_\_\_ L    \_\_\_\_\_ M    \_\_\_\_\_ S

Event Date: \_\_\_\_\_

(Cleanup events can be held any time March 1-May 31.)

March 24 Breakfast: # who will eat: \_\_\_\_\_

(Breakfast will be served at 9:00. If you want to start your cleanup earlier, please designate someone from your group to pick up breakfast at Longhorn at or after 9:00.)

Event Type & Location:

\_\_\_\_\_  
(Example: Roadside Cleanup at Hwy. 278)

Signature of Leader: \_\_\_\_\_

(If under 18, Signature of Parent or Guardian)

**KEEP COVINGTON/NEWTON BEAUTIFUL**

www.kcnb.biz  
1113 Usher Street  
Covington, GA 30014

newtonclean@co.newton.ga.us  
770-784-2015



# KCNB'S GREAT AMERICAN CLEANUP--LIABILITY/RELEASE FORM

## Medical Release, Photo Release, & Liability Waiver Form

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

**Assumption of Risk**—I realize that during this Cleanup, 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 near highways or roads, (b) clean up slippery streams and river banks, (c) cut vegetation with sharp tools, (d) pick up sharp items, and (e) be exposed to or pick up materials/plants/insects that may cause allergic reactions in some people and/or 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 Cleanup. 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 Cleanup.

**Medical Treatment**—If I am injured during the Cleanup, the organizers or volunteers of the Cleanup 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 Cleanup, it is my responsibility to seek appropriate medical care and to notify the Cleanup 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 Cleanup can be used by Keep Covington/Newton Beautiful and/or the Great American Cleanup for publicity and/or 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

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

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Person's Phone Number: \_\_\_\_\_