

KEEP FORSYTH COUNTY BEAUTIFUL Community Service

MEDICAL RELEASE, PHOTO & LIABILITY WAIVER FORM

Voluntary - I hereby "volunteer" with Keep Forsyth County Beautiful (KFCB). I will select the activities in which I will participate. I will choose activities that are within my physical capacities.

Assumption of Risk - I realize that during this service, 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 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 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. 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 wholly comprehensive.

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 liability and/or damages associated with my participation. More specifically, I release Forsyth County, the Forsyth County Board of Commissioners, Keep Forsyth County Beautiful, and all the directors, officers, members, employees, agents, or officials ("Releasees") thereof from all actions or claims of any kind that relate to my participation in the community service. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold the "Releasees" 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 community service.

Medical Treatment - If I am injured during the community service, Releasees may render medical services to me, or request that others provide such services. By taking such action, the Releasees do not admit 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 community service, 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 that I may make as a result of my participation in this community service.

Please read and complete both front and back and return to Keep Forsyth County Beautiful

Photo Consent - I the undersigned 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. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION. 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 _____