

Highlands Business Partnership
Pride in Highlands – Earth Day Community Clean-Up
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, _____, acknowledge that I have voluntarily applied for the event organized by the Highlands Business Partnership. ("HBP"), a nonprofit 501c3, designated as "Pride In Highlands – Earth Day Community Clean-Up" ("Event").

I understand that this Event involves physical activity and appreciate the risks, including serious injury and death, involved with undertaking such activity. I am prepared to assume the risks associated with this Event, including, without limitation, physical exertion, equipment malfunction, accidents, forces of nature, and the actions of persons without affiliation to HBP or this Event.

I agree to take full responsibility for my own actions, safety and welfare. I also understand that I will be a member of a group and will conduct myself in a way that will not endanger the group or myself. I represent that I am physically fit for this Event; if this is not so, I may be removed prior to or during the Event without recourse against HBP.

I further hereby release and discharge HBP, and its agents and employees from and against any and all liability, including for any losses, damages or injuries, arising from my participation in the Event. I agree that this release will be legally binding upon me, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all risk of the Event and to release HBP from any and all liabilities to the maximum permitted by law.

I grant full permission for HBP to use photographs, videotapes, motion pictures, recordings or any other record from this Event, including those in which I appear.

BY AFFIXING MY SIGNATURE TO THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND CONSENT TO THE ABOVE.

Individual Volunteer - Printed Name:

Volunteer Signature: Date

Organization Volunteer Printed Name:

Organization Leader Signature: Date

Printed Name of Parent or Legal Guardian: (if participant is a minor under 18 years of age)

Parent or Legal Guardian Signature: Date

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.