



VOLUNTEER ACKNOWLEDGMENT, WAIVER AND RELEASE

Full name

Address City State Zip

Home phone Work phone E-mail

This form must be signed by each volunteer who will participate (Participant) in or otherwise be involved with the Keep Abilene Beautiful Adopt-A-Spot Program. Volunteers under age 18 must have this form signed by a parent or legal guardian.

I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to the Keep Abilene Beautiful gratuitously, without any express of implied promise by Keep Abilene Beautiful to compensate me for my services, and I ACKNOWLEDGE and UNDERSTAND that I am not entitled to, and will not receive, remuneration of any kind, including, but not limited to, salary or reimbursement for my transportation, parking, travel, or any other expenses whatsoever which may be incidental to my services as a volunteer for the Adopt-A-Spot Program

I ACKNOWLEDGE and UNDERSTAND that I will be participating in the Adopt-A-Spot Program at my own risk. I affirm that I am physically fit and prepared to perform services in the Adopt-A-Spot Program. I will not create an unsafe situation for other individuals, or myself, nor will I use any tool or engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state and local laws, as well as the rules and directions of the Adopt-A-Spot coordinators. If I see any situation that I feel is unsafe, I will call it to the attention of a safety coordinator.

IN CONSIDERATION OF PARTICIPANT BEING PERMITTED TO PARTICIPATE AND AS A CONDITION TO BEING ALLOWED TO PARTICIPATE IN the Adopt-A-Spot Program, I, THE UNDERSIGNED, FOR AND ON BEHALF OF MYSELF, MY MINOR CHILD (IF APPLICABLE), MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, HEREBY RELEASE, ACQUIT AND FOREVER DISCHARGE KEEP ABILENE BEAUTIFUL AND ITS FORMER AND PRESENT DIRECTORS, LEGAL REPRESENTATIVES, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS, ASSIGNS, AND ALL AFFILIATED PERSONS AND ENTITIES (HEREINAFTER COLLECTIVELY KAB, OF, FROM AND AGAINST ANY AND ALL LIABILITIES OF EVERY KIND, CLAIMS, CAUSES OF ACTION, WHETHER AT LAW OR IN EQUITY, IN CONTRACT OR TORT, UNDER STATUTORY OR COMMON LAW OR PURSUANT TO THE TEXAS OR UNITED STATES CONSTITUTION(S) (INCLUDING ALL EXPENSES OF LITIGATION, COSTS, AND ATTORNEYS' FEES), KNOWN AND UNKNOWN, LOSSES, JUDGMENTS, FINES, DEMANDS, DAMAGES, LOSS OF USE OR SERVICES, OR INJURIES TO REAL AND/OR PERSONAL PROPERTY AND/OR PERSONS (INCLUDING DEATH) (COLLECTIVELY CLAIMS), CAUSED BY, ARISING OUT OF, TOUCHING UPON OR IN ANY WAY RELATING TO THE the Adopt-A-Spot Program AND/OR THE PRESENCE, MALFUNCTION, MAINTENANCE, ADDITION, SUBSTITUTION, USE OR CONDITION OF ANY TANGIBLE PERSONAL OR REAL PROPERTY OWNED, LEASED, OPERATED, OR UTILIZED BY KEEP ABILENE BEAUTIFUL IN CONNECTION WITH THE the Adopt-A-Spot EVEN IF THE CLAIM IS THE RESULT OF THE ACTUAL OR ALLEGED SOLE NEGLIGENCE OF KEEP ABILENE BEAUTIFUL AND/OR THE RESULT OF THE ACTUAL OR ALLEGED GROSS NEGLIGENCE OF KEEP ABILENE BEAUTIFUL, AND/OR THE ACTUAL OR ALLEGED JOINT OR CONCURRENT NEGLIGENCE OF KEEP ABILENE BEAUTIFUL AND ANY OTHER PERSON OR ENTITY, AND/OR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF KEEP ABILENE BEAUTIFUL.

I further represent to KEEP ABILENE BEAUTIFUL that I am physically capable of participating in this Adopt-A-Spot Program which may involve vigorous physical activity, including but not limited to, planting, mulching, watering trees and /or seedlings, using a rake, hoe or shovel to dig or move dirt and debris, bagging litter, hauling litter bags and transporting debris to a collection area. To my knowledge I have no physical disabilities, impairments or health problems that would interfere with my ability to participate safely in this Adopt-A-Spot Program. OR [] I am only capable of performing the following activities:

Finally, I hereby grant KEEP ABILENE BEAUTIFUL full and complete permission to use in legitimate promotions of the Adopt-A-Spot photographs, video shots and quotations from me.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN FOR MINOR VOLUNTEER (Under the age of 18)

DATE

Thank you for volunteering!