

CLEAN UP AKRON WEEK/GREAT AMERICAN CLEANUP™

Volunteer Agreement Release & Waiver for a Minor (Child)

I/We, the undersigned, parent(s)/guardian(s) of _____, a minor **under the age of eighteen (18)**, do hereby grant permission for said minor to participate in the Clean Up Akron Week/Great American Cleanup™ volunteer program and in consideration of said minor being allowed to participate in said program I/we, intending to be legally bound, hereby for myself/ourselves, my/our heirs, executors, and administrators voluntarily assume all risks of accident or injury and release and forever discharge Keep Akron Beautiful, the City of Akron and their employees, representatives, officers and agents from any and all liability for bodily injury or property damage of any kind sustained in association with participation in said program, whether such bodily injury or property damage is caused by the negligence of Keep Akron Beautiful, the City of Akron or their employees, officers, or agents, or otherwise.

I/We covenant and agree to indemnify and hold harmless Keep Akron Beautiful, the City of Akron, their employees, officers and agents from all liability, loss and expense, including, but not limited to, damages, legal expenses and costs of defense, in any matter arising from the participation of said minor in the Clean Up Akron Week volunteer program.

I/We further agree that said minor will abide by all applicable rules and regulations promulgated by Keep Akron Beautiful.

I/We _____ have read this release, and with full understanding of the terms and of my/our full free will and accord do hereby set my/our hand(s) this ___ day of _____, 2010.

Witness

Parent/Guardian **Signature**

Witness

Parent/Guardian **Printed Name**

***** Return the above portion to Keep Akron Beautiful prior to cleanup *****

Bottom portion for group leader during cleanup

I/We, the undersigned, parent(s) / guardians(s) of _____, a minor under the age of eighteen (18), do hereby give my/our consent, in the event all reasonable attempts by volunteer group contact person, during Clean Up Akron Week/Great American Cleanup™, to contact me at _____ (phone) or to contact _____ (other parent / guardian) at _____ (phone) have been unsuccessful, for:

- 1. The administration of any medical treatment deemed necessary for my/our son/daughter by a licensed physician or dentist; and
- 2. The transfer of my/our son/daughter to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinion of two licensed physicians concurring the necessity for such surgery are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner and having access to my/our son/daughter's medical history:

Allergies _____; Medication being taken _____

Physical impairments _____

Other pertinent facts to which physician should be alerted _____

I/We _____ have read this consent, and with a full understanding of the terms and of my/our full free will and accord to hereby set my/our hand(s) this _____ day of _____, 2010.

Witness

Parent/Guardian **Signature**

Witness

Parent/Guardian **Printed Name**