

# **VOLUNTEER'S AGREEMENT TO RELEASE ALL LIABILITY**

Last Name Initial	Return

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ame Initial	Return

DATE:	NAME OF PROJECT:		_
VOLUNTEER NAME(s):		GROUP:	
ADDRESS:	CITY	, CA. ZIP CODE	
EMAIL:		AGE:	
Would you like to receive information			
I understand that I am in no way required would like to participate in a volu require me to sign this release of liable hold harmless the <b>City of Riverside</b> agree to give up my right to sue the negligence of others. My signature of suing as well. I understand that by purche City and its employees, myself, o	YOU ARE GIVING UP YOUR RIGHT TO SUE tired to participate and that my participation is volunt inteer project. I understand that the City of Riversicility before permitting me to participate in this volunt and the Greater Riverside Chambers of Comment em for any and all property damage, personal injury on this document will also prevent my heirs, assigns participating in this activity, there are risks of physical or others, involved with the volunteer project. By volugither risk of such. By signing below, I acknowledge	tary in this volunteer project. I understand that I muride and the Greater Riverside Chambers of Counteer project. I understand that I am agreeing to force and its employees, officers, managers, agents at cry or wrongful death resulting from their negligen, representatives, legal guardians, or any person with all injury to my person or property, as well as risks luntarily participating in the volunteer project I und	mmerce is permitted by law to orever release from liability and nd council members and further ace, my own negligence, or the ho may sue on my behalf, from due to the negligent conduct of lerstand the risks of injury to my
SIGNATURE OF PARTICIPANT	:	Date:	
COVID-19			
nor any of my children or family mer the best of my knowledge, neither I n	of the control of the symptoms that are described by the Conbers have any of the symptoms that are representation any of my children or family members have travely a volunteer cleanup within the guidelines provided by	ve of COVID-19 or displayed any such symptoms veled outside of the United States during the last 14 december 14 december 14 december 14 december 14 december 15 december 14 december 16 de	within the previous 14 days. To
SIGNATURE OF PARTICIPANT	:	Date <mark>:</mark>	
PHOTO RELEASE			
my child/children. I  trevocable right and permission, in comanner consistent with the law. I also said photographs, in whole or in payromotional and advertising uses as a City of Riverside and the Greater Greater Riverside Chambers of Commerce, its assign. Photographs including without limit execution, and I am fully familiar we Photographs may be published in Cophotographs may be used on website	City of Riverside, Greater Riverside Chambers of Cooking, hereby grant the connection with the photographs/videos taken of me as ogrant the City of Riverside and the Greater Riverside, either by themselves or in conjunction with ot well as, using my name in connection therewith if it it well as, using my name in connection therewith if it is prommerce and Keep Riverside Clean & Beautiful.  Is, licensees and legal representatives from any and a stations, any and all claims for invasion of privacy a sith the contents thereof. This release shall be bindirectly, Library and the Greater Riverside Chambers but no child's name with be published on the interest and relinquish any right to be compensated for the being photographed.	ne City of Riverside, and the Greater Riverside and my child, or in which I or my child may be incerside Chambers of Commerce all legal rights as the photographs in any medium and for any purples so desired, without compensation. I understand to yees, agents or assigns, become the sole property of I hereby release and discharge the City of Rivers III claims, actions and demands arising out of, or in and libel. I have read the above authorization, reling upon me and my heirs, legal representatives and heres of Commerce print publications and for usenet. I understand that I will not be compensated for	e Chambers of Commerce an cluded with others for use in any sociated with the use of reuse of poses whatsoever, including all that all photographs taken by the fithe City of Riverside and the side and the Greater Riverside connection with, the use of said lease and agreement prior to its d assigns. I understand that the d in promotional displays. The r the use of the Photographs and
SIGNATURE OF PARTICIPANT	:D	Oate <mark>:</mark>	
Parent/Guardian: I declare under poor be bound by its terms [if participants]	penalty of perjury that I am the parent/guardian of the tis a minor].	minor. I have authority to enter into this agreemen	t on behalf of the minor. I agree
Print Name of Parent/Legal Guard	ian:	Relation:	Next



PARENT/LEGAL GUARDIAN SIGNATURE:



## PROJECT INSTRUCTIONS & SAFETY REQUIREMENTS

#### **GENERAL PROCEDURES:**

- Complete the *Volunteer's Agreement to Release All Liability* Form.
- Persons 14 years of age and younger must be accompanied by an adult volunteer
- No open-toed shoes, or flip flops
- Wear gloves and masks at all times
- Stay in open areas and use the buddy system
- Work in small groups
- Stay alert at all times
- Stay away from traffic, motorists, and construction zones
- Remember, tools are not toys
- Do not pick up broken bottles or sharp objects – use a trash grabber
- Do not touch anything that may be toxic or hazardous
- Note the location of an unsafe item and report it to a team leader or KRCB
- **NEVER** let others go off alone

## **LITTER CLEANUP TIPS:**

- Keep trash bags at 20lbs.
- Do not drag trash bags, pick them up
- Double tie all trash bags
- Please dispose of your trash bags. Take them to your residence or ask a business if you can take it to theirs.

## **BULKY ITEMS: Be cautious!**

- Gently kick to see if animals aren't underneath or around where you are cleaning
- Place bulky items next
- Collect and pile palm fronds and tires. Move them to a designated place, take a photo and send it to KRCB.

#### **ANIMAL CARE:**

- If an animal poses a threat, or you find a dead animal, do not touch them
- Call the Dept. of Animal Services: 951-358-7387

### **GRAFFITI:**

• Report Graffiti by calling the City of Riverside at **3-1-1** 

## **PERSONAL HEALTH:**

- Bring any necessary medication with you
- Do not overwork yourself
- Stay hydrated
- For medical emergency, dial **9-1-1** and notify KRCB staff immediately

## **COVID -19 GUIDELINES:**

- Wear your masks/face covering and gloves at all times
- Same household (8 people or less per group)

I have read the foregoing instructions and agree to comply with them in order to participate in this Keep Riverside Clean & Beautiful Project

X	X	
PRINT NAME	SIGNATURE	DATE

Revised 2/23/21



