



Participant Waiver of Liability and Release

Participant name *(please print clearly)*: _____

Birth date: _____ Sex: _____

Mailing address: _____ City: _____ Zip: _____

Email address: _____

Home number: _____ Cell number: _____

Event *(if applicable)*: _____

Department: _____

In consideration of having been accepted as a participant in the Adopt a Road Program , and with the knowledge that I will be working, directly or indirectly, in a participant capacity for Keep Douglasville Beautiful, Inc. involving various duties, I recognize fully that my presence and activity as a participant may involve some element of risk which I am willing to assume.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against, Keep Douglasville Beautiful, Inc., the City of Douglasville, its various departments, personnel, employees, elected officials, staff, insurers or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a participant in this Program.

I, the undersigned, do hereby agree to indemnify, defend, and hold harmless Keep Douglasville Beautiful, Inc., the City of Douglasville, its various departments, personnel, employees, elected officials, staff, insurers or agents, from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a participant in the Program.

I understand that as a participant I am in no sense an employee of Keep Douglasville Beautiful, Inc., or the City of Douglasville and that I possess no rights under their employment policies. Further, I understand that I am not entitled to benefits or workers' compensation benefits from them which may accrue to their employees. I further understand that I am not entitled to any vested rights to which an employee of theirs may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned.

Participant or parent/guardian signature

Date