



# Authorization Form

Group: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Telephone Number: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Target Area: \_\_\_\_\_

## AUTHORIZATION

(If under 18, must be signed by parent or guardian.)

I, the undersigned participant, or my child hereby agree to indemnify, save and hold harmless Keep Florence Beautiful, and all other sponsors or their representatives for my health, safety or any injury resulting from my participation in any Keep Florence Beautiful cleanup. I have prepared myself and/or my child for participation in this event and have no physical restrictions which<sup>(SEP)</sup>would prohibit my participation. This release is signed freely, voluntarily and not under duress. I realize that I am or my child is responsible for understanding and adhering to all rules and regulations of the program.

I hereby give my permission to Keep Florence Beautiful for me or my child to be taped/photographed during a project or cleanup. Tapes/photographs may be shown on local television stations, the city's website and/or potential sponsors to promote the event, and in any other way that Keep Florence Beautiful deems appropriate for the promotion of the Great American Cleanup or other Keep Florence Beautiful activities. Audio from this tape may be run on local radio stations as well. I give permission to be taped/photographed without coercion or duress. I further understand that my name will not appear on the tape.

\* Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: \_\_\_\_\_

**\*Signature Required:** Please print and sign this form and turn in to KFB or your Group Leader prior to your cleanup event.

Complete and return to:  
Keep Florence Beautiful, PO Box 7307, Florence, SC 29502  
michelle@keepflorencebeautiful.org  
843-779-5332