



Waiver/Authorization Form

Group: _____ Group Leader: _____

Participant's Name: _____ Age: _____

Participant's Email Address: _____

Target Area: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement (If under 18, must be signed by parent or guardian.)

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK. I _____, on behalf of myself (and my minor child/children, if applicable), hereby affirm that I have read this document in its entirety. By my signature below, I agree to each and every term and condition of this document.

I UNDERSTAND THAT PARTICIPATION IN THE ACTIVITIES STATED BELOW (hereinafter referred to as "Event") CARRIES WITH IT CERTAIN INHERENT RISKS AND DANGERS. These risks include, but are not limited to: Personal damage, injury, paralysis, loss, death, or property damage or loss. I understand that these risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE in any way, I do hereby intentionally, knowingly, and voluntarily release, waive, discharge, indemnify, and agree to hold harmless Keep Florence Beautiful, a Non-Profit Corporation, and all its employees, agents, sponsors, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities brought as a result of my involvement in this event, whether such damage, injury or loss results from negligence or some other cause.

I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY and that I knowingly assume all such risks. I understand that I signed this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

I further agree that this document will be interpreted in accordance with the laws of the State of South Carolina. If any term or provision of this document shall be held illegal, unenforceable or in conflict with any law governing this document, the validity of the remaining portions shall not be affected.

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 all 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: _____

Minor Child(ren)'s Names: _____

Received By: _____ Date: _____

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