

MINOR'S RELEASE AND INDEMNIFICATION

Spicket River Cleanup and North Canal Cleanup Parental Consent and Release of Liability

For: _____ the 9th Annual Spicket River Cleanup and North Canal Cleanup _____

Date: _____ Saturday, September 11, 2010 9 am - 1 pm _____

Location: _____ on the banks of the Spicket River and North Canal in Lawrence, Massachusetts _____

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in an event of important community service, the 9th Annual Spicket River Cleanup and North Canal Cleanup, including but not limited to LITTER PICKUP ON THE BANKS OF THE SPICKET RIVER OR NORTH CANAL on Saturday, September 11, 2010 so that my said child may gain the experiential benefits and the documented community service of participating.

I, _____, hereby consent to the foregoing on behalf of my child/ward, heirs, legal representatives and assigns. I shall assume on behalf of my said child/ward all risks of participation and agree to defend, indemnify and hold GROUNDWORK LAWRENCE, including its directors, volunteers, employees, and agents, harmless from any liability asserted by my child/ward at any time, including subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all RIVERBANK DEBRIS CLEANUP activities.

Pictures taken during this event will be used for promotional purposes of THE SPICKET RIVER CLEANUP AND GROUNDWORK LAWRENCE and this form will also serve as consent for such use.

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

ZIP: _____

Parent/Guardian's Signature:

_____ **Date:** _____

Parent/Guardian Address: _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

If parent is not available in case of an emergency, please contact:

Name: _____ Phone: _____ Relationship to Child: _____

Do you have Health Coverage for your child? (Circle one) YES NO

If yes, Health Insurance Company:

Policy Number: _____ (Note: Your insurance company would be primary.)

Participant's Doctor: _____ Doctor's Phone: _____