

ADULT RELEASE FORM
Spicket River Cleanup Consent and Release of Liability

For: _____ the 8th Annual Spicket River Cleanup _____
Date: _____ Saturday, September 19, 2009 9 am - 1 pm _____
Location: _____ on the banks of the Spicket River in Lawrence, Massachusetts _____

I represent that I am the person herein named and that I am over 18 years of age. In consideration for allowing me to participate in an event of important community service, the 8th Annual Spicket River Cleanup, including but not limited to LITTER PICKUP ON THE BANKS OF THE SPICKET RIVER on September 19, 2009, so that I may gain the experiential benefits and the documented community service of participating.

I, _____, shall release and hold GROUNDWORK LAWRENCE, THE CITY OF LAWRENCE, including its directors, volunteers, employees, and agents, harmless from any liability asserted by me at any time, including reasonable attorney's fees and costs and, accordingly agree to assume all risks of participation. I also warrant that I am 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.

Address: _____ City: _____ State: _____

ZIP: _____

Email Address: _____

Phone Number: _____

If in case of an emergency, please contact:

Name: _____ Phone: _____

Comments regarding my medical history, allergies, penicillin or drug reactions, etc., which may be needed in the case of any emergency treatment:

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

If yes, Health Insurance Company:

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

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

SIGNATURE: _____ **DATE:** _____