

**MINOR'S RELEASE AND INDEMNIFICATION**  
**Spicket River Cleanup Parental Consent and Release of Liability**

For: \_\_\_\_\_ the 8<sup>th</sup> 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 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, viz. Spicket River Cleanup, including but not limited to LITTER PICKUP ON THE BANKS OF THE SPICKET RIVER on Saturday, September 19, 2009 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: \_\_\_\_\_