



Keep Columbus Beautiful Participant Liability Waiver

Including Assumption of Risks and Agreement of Release and Indemnification

This form must be read, understood, and signed by all Keep Columbus Beautiful (KCB) Volunteers, adults and minors (persons under the age of 18) and by a parent or guardian (referred to as Parent) for a minor Volunteer. No volunteer may participate in any KCB sponsored Volunteer activities unless these signatures are provided.

Description of Activity: The Columbus Litter League volunteer activity includes litter cleanups along public roads, streets, and alleys. I understand that there may be possible exposure to traffic, weeds, debris, sharp objects, and other potentially dangerous items. I also understand that many volunteer activities may expose individuals to manual labor, standing for long periods of time, and exposure to the sun, wind, rain, and other environmental hazards. When needed, Volunteers must wear safety vests, gloves, and sturdy shoes.

Medical Concerns: In most cases volunteer activities can be adjusted to accommodate most all participants. Participants with underlying medical problems that put them at greater risk of injury or illness during an activity must carefully consider those risks before choosing to participate, and if they proceed, they do so at their own risk. KCB reserves the right to exclude any Volunteer from participation, for medical, safety, or other reasons. Participants may notify KCB Staff of a request for accessibility accommodations. Such requests will be considered and may be granted if reasonable and if the accommodation does not in any way compromise safety of any participants or staff.

Inherent and Other Risks: Physical risks would typically range from small scrapes, cuts, bruises, and falls to bites and stings. The risk of more serious injury would be unlikely, but certainly exists. Injuries may be a natural consequence of the volunteer activity being undertaken, as a result of environmental hazards (including terrain and weather), a result of errors in judgment or other negligence of the staff, volunteer, or other individuals. Injuries may occur in spite of the reasonable efforts of the staff to prevent them. In all cases, these inherent risks, and other risks which may not be inherent, whether or not described above must be accepted by those who choose to volunteer.

In consideration of the activity which I and my family have agreed to participate in, I (we) agree to the following:

I understand the nature of the activity that I will engage in. I understand there are risks of injury associated with the Columbus Litter League. I acknowledge and voluntarily assume the risks associated with this activity, inherent and otherwise, and whether or not described above, including those which may result from the negligent acts or omissions of other volunteers or staff.

I hereby release, indemnify, and hold harmless KCB, the officers, employees, agents, or other representatives of the City of Columbus to which this volunteer activity is conducted. I agree not to sue them for any liability for causes of action, claims and demands of any kind and nature whatsoever that may arise out of or relate in any way to my or my minor child's participation in volunteer activities.

I accept responsibility for any expenses that may be incurred for any illness or injury that may result from my, or my minor child's participation in a volunteer opportunity.

Photo Release

I do hereby consent and agree to release permission to Keep Columbus Beautiful to use and share photos taken of my and/or my minor child's participation in this activity

Prescreening Health Survey (to be conducted prior to registration and repeated 24 hours prior to event)

People with COVID-19 have had a wide range of symptoms reported – from mild symptoms to severe illness. Symptoms may appear two to 14 days after exposure to the virus.

In an effort to keep you, our volunteers, and community as safe as possible, please review the indicator symptoms below identifying if you have experienced any of the following within the past 14 days: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and/or new loss of taste or smell

If you have a cough and shortness of breath, difficulty breathing, or two of any the other symptoms in this list above, these symptoms indicate you may have been exposed to, and may test positive for COVID-19. In exercising an abundance of caution, do not volunteer for our event. Continue to monitor your health conditions closely and seek medical attention if necessary.

Please let us know if you will not be able to volunteer at this time so we can update our volunteer registration list.

I agree to report any change in my health status as it relates to the CDC published COVID-19 symptoms (cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste/smell) for a period of 14 days before and after my volunteer event. It is understood and I grant permission to the event

organizer to make a reasonable effort to notify others I may have come into contact while volunteering so they can self-isolate themselves and monitor their own health status. It is understood that event organizers will NOT disclose my personal identity or reported health information.

By signing my name below I agree that I have read, fully understand, and hereby agree to the terms of this agreement, voluntarily and with knowledge of the potential risks. I acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estates.

Additionally, at this event I understand that Social Distancing and PPE recommendations, as outlined by Keep America Beautiful, will be followed. By signing my name below I acknowledge that you have reviewed these recommendations and agreed to follow them.

Print Name of Volunteer

Signature

Date

If this waiver is for a minor (under the age of 18). I am the parent or guardian of the minor child whose name appears on this release form. I have discussed the terms of the above Agreement with my child and am assured by my child that he or she understands the agreement and has freely accepted its terms. I give my child permission to participate in volunteer opportunities.

Print Name of Parent/Legal Guardian if Volunteer is a Minor

Signature

Date