Consent, Release and Waiver Form - Adult

Warning! Please read carefully. One signed copy requested for each adult participant.

Group Name or Group Leader: _____

I _____, desire to participate voluntarily in the City of Greater Sudbury's Two Hour Blitz Clean Up.

I UNDERSTAND, AGREE AND ACKNOWLEDGE:

a) that some of the activities I will undertake involve physical exertion;
b) that some of the activities I will undertake involve the potential for injury, and exposure to broken glass, sharps, use of tools, lifting, etc;
c) that while participating, I should use caution and wear appropriate clothing and protective equipment (gloves, safety vest);
d) that it is my complete right and responsibility to decrease or stop should at any time I believe it to be unsafe to continue doing so and that it is my obligation to inform the program volunteers of my concerns or my symptoms;
e) that there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of heart rhythm and, in very rare circumstances, heart attack or even death as well cuts, infections, bruises and broken bones;
f) that there are risks, known and unknown, including a risk of injury, heart attack or even death as a result of my participation, but knowing those risks, it is my desire to participate as indicated herein;
g) that by participating in the Program, I am assuming full responsibility for ALL OF THE RISKS associated with participation in this Program;
h) that participation in the Program is voluntary and that I am free to withdraw from the Program or participation at any time; and
i) that I will withdraw from participating in the Program should I experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my health.

IN CONSIDERATION OF my acceptance into the Program and by signing this Consent, Release and Waiver Form I, for myself, my heirs, executors, administrators, successors and assigns, release, waive and forever discharge the City of Greater Sudbury and all of its elected officials, employees, agents, servants and sponsors, successors and assigns (hereinafter referred to as the "Released Parties") of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property however caused, arising by reason of my participation in this Program, or in any activities associated with this Program, notwithstanding that some may have been contributed to or occasioned by the negligence of the Released Parties.

I have read, understood and agree to the terms and conditions of the Consent, Release and Waiver Form and the Safety Tips in their entirety on this _____ day of _____, 20 _____ .

Participant (Signature)	Participant (Print Name)	Date

Participant Phone Number

Witness (Signature)	Witness (Print Name)	Date

Personal information on this form is collected under the authority of section 10 of the Municipal Act, 2001, S.O. 2001, c.25 and will be used to enroll the participant in the City of Greater Sudbury's Clean Up Programs. Questions about the **collection of your information** may be directed to the Manager of Collection and Recycling at P.O. Box 5000, Station A 200 Brady Street, Sudbury, ON P3A 5P3 or by dialing 3-1-1.

For additional information, please call City Services at 311.