

VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE

Full Name				
Address	City	State	 Zip	
	,			
Phone	E-mail			
Print Minor Name(s)				
• .	each volunteer who will participa gram and/or event. <u>Volunteers un</u>		•	
	ments, motorized and/or non-motorized vehic	Lewisville Beautiful ("KLB"). I fully underst: elease and indemnification and by participa eles, watercraft, plants, trash and/or other	and the dangers of working as a volunteer and Iting as a volunteer. I understand my activities debris, sharp objects, roadways, bodies of wat	with KLB may involve the ter, animals, environmental,
KLB, its officers, employees, successors, assigns, sp	ME, MY HEIRS, EXECUTORS, ADMINISTRATOR D, OR NOW HAVE OR MAY HAVE, OR WHICH VANTS, SUCCESSORS, ASSIGNS, SPONSORS, V SED BY OR ARISING OUT OF, THAT SEQUENCE ICE OF OR CREATED BY OR ARISING OUT OF N	IMS and activities, which may result from the AS, AND ASSIGNS, I DO HEREBY EXPRESSLY MY HEIRS, EXECUTORS, ADMINISTRATORS OLUNTEERS, OR EMPLOYEES, CREATED BY OF EVENTS WHICH OCCUR FROM THE AGMIY PERTICIPATION AS A VOLUNTEER DURI	ne agreement as herein designated above. RELEASE AND DISCHARGE, ALL CLAIMS, DEM S, OR ASSIGNS MAY HAVE, OR CLAIM TO HAV T, OR ARISING OUT OF PERSONAL INJURIES, K REEMENT AS HEREIN DESIGNATED ABOVE, O NG TIMES OF THIS INDEMNITY AGREEMENT A	IANDS, ACTIONS, IE, AGAINST KEEP NOWN OR UNKNOWN, AND IR WHICH MAY ARISE AND INCLUDING, WITHOUT
Furthermore, I agree to indemnify a result of claims, demands, costs, or judgments agai volunteer. If KLB, and/or, its agents, officers, servar obligated to pay attorney's fees or court costs, I ag within thirty days after receiving written notice from	ats, employees, successors, assigns, sponsors, see to reimburse KLB, and/or its agents, officer	r employees, created by, or arising out of t or volunteers in the enforcement of any pa rs, servants, employees, successors, assigns	he agreement herein designated above and fr irt of this indemnity agreement, shall incur ned s, sponsors, or volunteers for such expenses, a	om my participation as a cessary expenses, or become attorney's fees, or court costs
Additionally, I shall fully defend, pro claim, demand, or cause of action and any and all li employees, including, without limitation, personal out of, or in any way incidental to or in connection OR IN PART FROM THE NEGLIGENCE OR GROSS NEINDEMNITY EXTENDED BY THE VOLUNTEER TO IND OF KLB AND/OR ITS AGENTS, OFFICERS, SERVANTS,	njuries and death in connection therewith wh with the performance of this agreement and f SLIGENCE OF KLB AND/OR THE PARTIES TO TH EMNIFY AND PROTECT KLB AND/OR ITS AGEN	es, fines, penalties, costs, fees, and expense ich may be made or asserted by me, my ag rom our participation as a volunteer, INCLI IS AGREEMENT. IT IS UNDERSTOOD AND A IS, OFFICERS, SERVANTS, OR EMPLOYEES F	es incurred in defense of KLB, and/or its agent ents, my successors, my assigns, or any third J DIDING, BUT NOT LIMITED TO, CLAIMS AND DA GREED THAT THE INDEMNITY PROVIDED FOR ROM THE CONSEQUENCES OF THE NEGLIGEN	es, officers, servants, or parties on account of, arising MAGES ARISING IN WHOLE IN THIS SECTION IS AN CE OR GROSS NEGLIGENCE
I further authorize KLB employees o employees, sponsors, volunteers, or agents, of med	agents supervising this activity to secure med lical expenses arising from said medical care fo		omise to assume liability for payment, and hol	ld harmless KLB, its officers,
For Keep Lewisville Beautiful activiti Liability Release, as applicable, and understand and website, will be available onsite at events and prog		nonstrates my acceptance of the terms out	lined therein. A copy of the release forms can	
I hereby give KLB the right to photog group's name in conjunction therewith and withou photographs, video recordings, films, and sound re indemnification and understand all its terms. I exe	cordings shall be the exclusive property of KLB	e the same or any part thereof by any met , and I hereby relinquish all rights, title, and	hod, and to use for any purpose which KLB de	ems proper. All such
SIGNATURE OF PARTICIPANT (Over the age of 18)		DATE	
SIGNATURE OF PARENT OR GU	ARDIAN FOR MINOR VOLUN	ITEER(S) (Under the age o	f 18) DATE	

Thank you for volunteering with Keep Lewisville Beautiful!

Phone: (972) 538-5949

Fax: (866) 727-8526