

## COMMUNITY CLEAN UP DAY Sept 2023 Registration Form

Town use only:	
Group Name:	
# of Participants	

No

Please PRINT CLE. Family or Group Name (if applicable):		_				
Main Contact Information						
Name:						
Address:						
Email:	Phone:					
Number of Participants in Group:						
		<del>-</del>				
Please choose when you						
☐ Pick up Saturday morning September 16th at Town Hall						
☐ Pick up before event (we will contact you when ready)						
☐ No supplies needed						
If you would like to pre-register, please con reserve your kit and receive a l		•	- · · · · · · · · · · · · · · · · · · ·			
Event shirts available for the first 3		-	_			
Pre-registering your group will bypass r Please send in this form, roster list and liabi	_		· · · · · · · · · · · · · · · · · · ·			
We encourage you to help support this even	t by donat	ting your ow	n trash bags, water, and gloves!			
Supplies pr	ovided wh	nile they last				
For questions contact		-				
kdunn@applevalley	7.01g (760	) 240-7000 .	X 1819			
T-Shirt Summary:			Diagon mate that alsign			
How did you hear about this event?	Size	Number	Please note that shirt design is the same as April			
	YS		Clean Up Day			
Are you an Individual/Group or Adopt a	YM		A++ a p di p « \/ a   + = = -			
Street?  Individual/Group (need a site)	YL		Attending Volunteer Appreciation Lunch:			
<u> </u>	S		т.рр. ослагон дангон			
Adopt a Street (active)			□ Yes			
Adopted Street	М		How many?			
Start	L					

XL

2XL

End





## **Group Roster**

Participant Name	Shirt Size	Liability Waiver Attached

Town use only:	
Collected all Liability Waivers Added to participant log Supplies/Shirts ready Supplies/Shirts picked up	Supplies returned

## **COMMUNITY CLEAN UP DAY**

## September 2023 Participant

Photo Release, Release of Liability, and Assumption of Risk

The Town provides a full spectrum of recreation, sport, educational and equestrian programs for children, teens, adults and families to help create "A Better Way of Life." In consideration for the Town, permitting me, my children, or children for whom I have capacity to contract ("Participant(s)") to engage in Town recreation programs on and off Town facilities, I understand and agree to the following:

**PHOTO RELEASE.** I understand that from time to time Town representatives may photograph Participants at Town facilities and recreation programs. I acknowledge that by using Town facilities or participating in Town recreation programs, I authorize the Town of Apple Valley to take photographs of Participants and use or publish the photographs in the Town's publications, including its flyers, videos, or on websites. I understand that I will not receive any compensation for such use.

**RELEASE OF LIABILITY**. I hereby release, indemnify, defend, and hold harmless the Town of Apple Valley, its elected and appointed officials, its officers, clients, employees, agents, and volunteers ("Released Parties"), from any and all liabilities, claims, demands or causes of action (including attorneys' fees) that Participants may hereafter have for injuries and damages arising out of participation in any activities held at Town facilities or as part of a Town recreation program including, but not limited to, losses caused by the acts or omissions of the Released Parties or of obvious or hidden defects or dangerous conditions in Town facilities or Town recreation programs. This release shall release the Released Parties from related activities not conducted on Town property, including travel and off-site activities.

**ASSUMPTION OF RISK**. I understand that use of Town facilities and recreation activities may involve risks and dangers to Participants that no amount of care, caution, instruction or expertise can eliminate. I expressly and voluntarily assume all risk of injury or illness to Participants from any activity held at Town Facilities or as part of Town recreation programs. The Town is not responsible for any loss, theft or damage to personal property or Town equipment, articles, or facilities while Participants use said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

I have read and understood the Event Vendor Requirements, Vendor Acceptance Policies, Fire and Health Department Requirements and this application and agree to abide by the rules and requirements as set forth, therein and any others that may be implemented. I understand that failure to abide may result in a non-refundable loss of fees, not being allowed to set up the day of the event, or removal from the event, and may prevent my participation in future events held by the Town of Apple Valley.

Sign Here:	Date:
Printed Name	
On behalf of (list names of minors)	