

## Release of Liability and Participation at Your Own Risk Agreement

Keep Loudoun Beautiful  
PO Box 5  
Leesburg, VA 20178  
703.771.4231

In consideration of receiving permission from Keep Loudoun Beautiful (hereinafter KLB) to participate in all events in furtherance of its educational and public service purpose, I/WE HEREBY EXPRESSLY AGREE:

1. To assume all risk and responsibility for any injuries I may sustain and any damages I may cause to KLB, or any other person or property in connection with its events.
2. To release and hold harmless KLB from all claims of liability for any injuries I may sustain or damages that may be caused to me or my property in connection with my participation in KLB events.
3. I will not sue or bring legal action against KLB, its directors, officers, employees, instructors, sponsors, and owners or lessors of any property or transportation used in connection with any KLB event.
4. The undersigned participant is in adequate physical condition to participate in the KLB events.

I authorize KLB to use photographs, videos, or any other record of the events that may depict me, at their discretion, without compensation paid to me.

I fully understand some events, including, but not limited to, river and stream cleanups using watercraft and roadside cleanups, may be hazardous. I acknowledge and fully understand these events may involve risk of serious injuries, including permanent disability, death, or severe social and economic losses that might not only result from my action, interaction, or negligence, but the action, inaction, or negligence of others, or conditions that may be encountered, or equipment, transportation, or refuse containers used or rented. Further, there may be other risks not known or foreseeable at this time.

I am at least eight (8) years of age with undersigned guardian permission, or I am at least eighteen (18) years of age and have the legal capacity to enter into this waiver and release. This waiver and release shall be valid for all prior and future activities of KLB.

**I HAVE READ THE ABOVE WAIVER AND RELEASE. I FULLY UNDERSTAND IT AND ENTER INTO IT FREELY AND VOLUNTARILY.**

**ALL PARTICIPANTS MUST BRING THIS FULLY COMPLETED FORM TO THE DESIGNATED KLB EVENT - NO EXCEPTIONS WITHOUT THIS FORM.**

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

If Under 18:

Date of Birth of Participant (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardian Name (print): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

City & State of Participant's Residence (print): \_\_\_\_\_

Participant (or Guardian) Email Address (print): \_\_\_\_\_

Phone Number in Case of Emergency or Event Cancellation: \_\_\_\_ . \_\_\_\_ . \_\_\_\_