



Keep Fort Pierce Beautiful
Great American Cleanup - 2017

PHOTOGRAPHIC RELEASE, AGREEMENT & RELEASE OF LIABILITY

I, _____, hereby acknowledge that I have voluntarily applied to participate as a volunteer in a City of Fort Pierce Public Works Department "Keep Fort Pierce Beautiful Great American Cleanup". I authorize the City of Fort Pierce to use my name and likeness, including photographs, for documentation and/or promotional purposes. This may include, but in not limited to, telecast, broadcast, print advertising or electronic telecommunications.

I am aware that participating as a volunteer for the City of Fort Pierce has a risk of injury. I am aware that I am voluntarily participating in these activities with knowledge of the dangers involved and hereby agree to accept any and all physical risks, injury, or property damage. As lawful consideration for my being permitted by the City of Fort Pierce to participate as a volunteer for the Public Works Department, I hereby agree that I, my heirs, distributes, guardian, legal representatives, and assignees will not make a claim against, sue, or prosecute the City of Fort Pierce, its officers, agents, and employees for injury or damage resulting from the negligence or other acts, howsoever caused, by any officer, agent, or employee of the City of Fort Pierce, as a result of my participation as a volunteer. In addition, I hereby release and discharge the City of Fort Pierce, its officers, agents, and employees for all actions, claims. Or demands that my heirs, distributes, guardians, legal representatives, assignees or I now have, or may later have from today, form any injury or damage resulting from my participation as a volunteer.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, as well as consent for the City to use my name and likeness as indicated above, and a contract between the City of Fort Pierce and myself and I signed it of my own free will.

PRINT NAME

SIGNATURE

DATE

PHONE NUMBER

E-MAIL ADDRESS

IF PARTICIPANT IS UNDER 18 YEARS OF AGE (PARENT OR GUADUAN SIGNATURE REQUIRED)

Signature of parent or guardian

Date

