

WHITEWATER RIVER SWEEP

June 16, 2018 ~ 1 pm to 2:30 pm

Agreement to Participate – Release and Indemnification Form

I, the undersigned, for the duration of the event, agree to follow these instructions:

- 👤 Always wear gloves, protective clothing and life jackets when on the water
- 👤 Be careful when handling broken glass, sharp objects, aerosol cans, etc.
- 👤 Do not disturb any drum containers – report their location to the coordinators
- 👤 Watch for snakes, wasps, hornets, and poison ivy in debris piles or vegetated areas
- 👤 Use common sense about lifting heavy objects
- 👤 Never work alone
- 👤 Report any accidents or injuries to the coordinator immediately
- 👤 Always ask permission if entering private property, identifying yourself as a Sweep volunteer

I also understand that the nature of this activity involves certain dangers and risks, and I voluntarily assume all risks of accident or injury. I hereby release and forever discharge any and all “The Sponsors,” such as ORSANCO, Whitewater River Steering Committee, the counties of Franklin and Dearborn, their respective employees, officers, agents, coordinators and volunteers from any and all liability for personal injury or property damage of any kind sustained in any manner arising from my participation in the 2018 River Sweep. I agree to indemnify and hold harmless the Sponsors from any and all claims, liability, loss and expense, including but not limited to damages, legal expenses and costs of defense, in any manner arising from my participation in the 2018 River Sweep.

Participants Name (please print) _____ Age: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Registration Site:

28483 Barber Road, West Harrison, IN (off of Hwy 46 near US 52 intersection)

T-shirt Size: Small Medium Large XL XXL XXXL
(please circle one – XXL, and XXXL are limited. We will make every effort to get you your correct size!)

For directions, go to www.dearborncountywatersheds.org under Upcoming Events or call 812-926-2406 x 107

Medical concerns relative to this event: _____

Participant’s Signature: _____ Date: _____

Signature of parent or guardian if under 18 _____ Date: _____

PLEASE SEND FORM TO:
Heather Wirth, 10729 Randall Avenue, Suite 2, Aurora, IN 47001 or
email heather.wirth@in.nacdn.net