



KEEP AMERICA BEAUTIFUL AFFILIATE

Keep Prince William Beautiful, Inc,
4391 Ridgewood Center Drive, Suite F
Woodbridge, Virginia 22192
Phone: (571)285-3772

www.kpwb.org
info @kpwb.org

Participant Waiver

Name/Organization

Address

City

Zip

Phone Number

E-mail Address

Yes, I would like to receive the KPWB newsletter and volunteer opportunity emails. Please note that KPWB will never share or sell your information.

This Release and Waiver of Liability (the "Release") executed by the below signed individual (the "Volunteer") is in favor of Keep Prince William Beautiful (KPWB), a nonprofit corporation in Prince William County, a Virginia nonprofit corporation, its directors, officers, funders, affiliates, employees, volunteers, successors, agents, and assigns (collectively "Keep Prince William Beautiful aka KPWB"). The Volunteer desires to work as a volunteer for KPWB and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include, but are not limited to: litter pickup, moving or handling or lifting of large and small debris/ objects and garden/yard equipment, volunteering at/in community events and activities, and administrative support in the KPWB office.

I, _____, do hereby agree that I do release and forever discharge and hold harmless Keep Prince William Beautiful, from any and all liability or claims of injury, illness, death, property damage, or emotional distress of whatsoever nature which may be incurred by me as a result of my voluntary participation in the projects sponsored, supported or participated in by Keep Prince William Beautiful, whether caused by negligence of Keep Prince William Beautiful or otherwise. I understand that Keep Prince William Beautiful does not assume financial responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. I further represent and certify to Keep Prince William Beautiful, that I am physically able to do the various things enumerated above without limitation, and that I have no disabilities which might prevent me from doing the same OR disclaim such relevant limitations in the "Medical Conditions" portion of this application. I understand that providing "Medical Condition" information does not change the above liability release and that it is up to me, the Volunteer, to ensure I am not putting myself at personal risk.

INSURANCE POLICY

I understand that KPWB does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

YOUTH VOLUNTEER POLICY

I understand that it is policy that children, volunteers under the age of 18, are not permitted to volunteer as Office Assistance or request an Internship/Fellow. It is further the policy of KPWB that, while children of all ages are allowed to participate in community events and activities, handling of machinery is not permitted by volunteers under the age of 18. Policy also includes that children under 16 must be accompanied by an adult, a volunteer 18 years of age or older, for the entirety of the activity.

MEDICAL TREATMENT POLICY

I hereby release and forever discharge KPWB from any claim whatsoever which

arises or may hereafter rise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with KPWB.

PHOTOGRAPHIC RELEASE

I hereby grant and convey unto KPWB all right, title, and interest in any and all photographic images (both people and property) and video or audio recordings made by KPWB during Activities with KPWB, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs and/or recordings. Permission is granted for use in any medium now known or hereafter developed, including printed media, video, still photography and the Internet. I also provide permission for use, at any time and from time to time, my photograph(s) or likeness, or any part thereof, in any form and any statements made by me, either alone or accompanied by other material for educational and publicity purposes in connection with KPWB. I hereby release and discharge KPWB from any claim or liability, including (without limitation, defamation or invasion of privacy) alteration, blurring, distortion, optical illusion, retouching or other uses in a composite form, whether or not intentional.

BACKGROUND CHECK POLICY

I understand that KPWB reserves the right to conduct background checks on individuals who may have unsupervised contact or work with children, the elderly, or persons with disabilities through KPWB Activities, KPWB agrees to cover the expense of any background/registry checks and will notify a volunteer before conducting such checks.

I expressly agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the State of Virginia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. Furthermore, by signing this agreement I agree that in the event that any policy or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such policy or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I certify that either I am eighteen (18) years of age or older, OR that I have indicated myself as "Under 18" on this application AND my parent or court-appointed guardian has full knowledge of my participation and has given me permission to participate AND will confirm this acknowledgement in writing once contacted by a KPWB representative.

PARTICIPANT NAME (Please Print)

PARTICIPANT SIGNATURE (If not age 18 or older, parent/guardian must co-sign below.)

Date

PARENT/GUARDIAN (Undersigned has read the above and understands this waiver/photo release.)

By signing this waiver, I authorize its use for 12 months/1 year from date of signature.

