***P*ersonal *R*esponsibility *I*n a *D*esirable *E*nvironment**

ADULT
AGREEMENT TO PARTICIPATE AND PHOTO RELEASE & WAIVER FORM

In consideration of permission to participate in the cooperating agencies' cleanup activities sponsored by Eastern Kentucky PRIDE, Inc., and other sponsors, and recognizing that this program will involve activities which because of their close proximately to water are inherently dangerous, I intend to be legally bound hereby, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge PRIDE and other sponsors and their respective employees, officers and agents from any and all liability for personal injury or property damage of any kind sustained in association with participation in the program, whether such personal injury or property damage is caused by the negligence of PRIDE and other sponsors, their respective employees, officers, or agents, or otherwise.

I hereby give Eastern Kentucky PRIDE permission to reprint any photographs taken during my participation in the PRIDE event. I understand that these materials may include, but are not limited to, general printed material, video displays, broadcast television, electronic web pages and other training and promotional materials.

I covenant and agree to indemnify and hold harmless PRIDE and other sponsors.
PRIDE, their respective employees, officers, and agents, from any liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from my participation in PRIDE cleanup activities.

As used herein, "Agents" shall include local area coordinators and other volunteers working on behalf of PRIDE and any other event sponsors.

I further agree further to abide by all applicable rules and regulations promulgated by PRIDE and agree to follow instructions of all supervisors and/or instructors who are connected with this activity.

_____ _____ _____
PARTICIPANT Name (Printed) DATE # of hours worked

_____ _____
PARTICIPANT (Signature) Address, City, State, Zip

_____ _____
PHONE NUMBER EMAIL ADDRESS

_____ _____
COUNTY ORGANIZATION

____ Check here if on medication or if health problems may affect participation in the Anti-Litter Activity program. A site Coordinator must speak with you if this paragraph is checked.

I am a competent swimmer: Yes _____ No _____

In signing this Waiver, I agree to be put on the PRIDE database and receive informational emails.