Group Waiver Form

Community Clean-Up Program

In consideration for The Corporation of the City if Niagara Falls allowing me to participate in the Community Clean Up Program, I fully understand and agree to the following:

ASSUMPTION OF RISK: That participating in the Community Clean Up Program at anytime may involve personal risk of damage or injury and I agree to assume all such risk and hereby release and forever discharge The Corporation of the City of Niagara Falls, its councillors, employees, volunteers and agents from and against any and all claims for damages or injury to myself, including death, that may result from participating in the activity.

RESPONSIBILITY: That no remuneration, salary, wage or payment or any employee benefits from the City whatsoever will be received and I will not be covered by the City of Niagara Falls' Workplace and Safety Insurance Coverage and Benefits. I understand the Personal Protective Equipment required, safety guidelines and elements of risk for this activity.

Complete and submit this group waiver form prior to the scheduled clean up date.

Email: jguarasci@niagarafalls.ca

Delivery: 1-7150 Montrose Road, Niagara Falls, Ontario, L2H 3N3 (during facility operating hours only)

DATE OF CLEAN UP EVENT:

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PLEASE PRINT YOUR FULL NAME CLEARLY AND SIGN YOUR NAME

PRINT NAME	***SIGN***