

## Youth/Guardian Release Form – Community Clean Up Program

Name of youth: \_\_\_\_\_ Birthdate: MM / DD / YYYY

Current Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I give permission for the above-named youth to participate in the Environmental Action Committee's Community Clean Program.

I release and forever discharge The Corporation of the City of Niagara Falls, and its officers and employees from any and all actions, causes of actions, claims and demands, for damages, loss, injury, or obligations or liabilities of any kind which may be sustained by the youth named above or to any persons or property arising from participating in the Community Clean Up Program event.

Parent/Guardian signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Date of scheduled clean-up: \_\_\_\_\_

Location of clean-up: \_\_\_\_\_

Please complete in full and return to the MacBain Community Centre, Customer Service Desk prior to conducting any clean-up activities. Alternatively, email completed form to [iguarasci@niagarafalls.ca](mailto:iguarasci@niagarafalls.ca) prior to the start of your clean-up event.

