

Waiver Form

| | |
|--------------|--|
| DATE: | ___ / ___ / ____ <small>D D / M M / Y Y Y Y</small> |
|--------------|--|

GROUP NAME: _____
PHONE: _____

CONTACT: _____
EMAIL: _____

All participating volunteers. Please read carefully, print and sign your name.

In consideration for the The Corporation of the City of 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 might result from participation 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.

| PRINT NAME | SIGNATURE |
|------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Submit completed waiver forms prior to the scheduled clean up

Email: jguarasci@niagarafalls.ca

Delivery:
 MacBain Community Centre
 City of Niagara Falls Customer Service Centre
 1-7150 Montrose Road
 Niagara Falls, ON L2H 3M3
 (during business hours)

Please print as many copies as needed per clean-up event.