

Volunteer Registration



Name _____ Organization _____
(Please Print)
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ email _____

Volunteer Release of Claim

I, _____, the undersigned do hereby acknowledge and agree to the following terms and conditions of this Release of Claim (hereinafter referred to as "Release").

I understand and acknowledge the risks and hazards of participating in the cleanup activities sponsored by the Keep Casper Beautiful and the City of Casper (hereinafter referred to as City) and realize that there is a possibility of personal injury, death, and property damage. I acknowledge that I have voluntarily applied to assist the City and the Keep Casper Beautiful in these cleanup activities.

In consideration of my being allowed to participate in these cleanup activities, I hereby irrevocably and forever release and discharge the City of Casper, its Council, Manager, officers, employees, agents and Keep Casper Beautiful (hereinafter referred to as "Releasees"), and agree to hold Releasees harmless, from any and all legal liability of any kind, nature and description involving or relating to bodily injury or death suffered or sustained by me or anyone else, or any property damage sustained, however caused, from my participation in said activities.

I further agree not to institute any suit or make any claim against any Releasee for any injury, death or property damage which I, or my minor children, may suffer while participating in any of these activities.

I give to Keep Casper Beautiful, the City, and its partners unlimited permission to use, publish, republish for purposes of advertising, public relations, trade, or any other lawful use, photographic or digital images and information about me and reproductions of my likeness (photographic or otherwise) with or without my name.

The terms of this Release are contractual and not a mere recital. The undersigned acknowledges by execution of this Release that he/she understands these provisions and freely and voluntarily enters into them and intends that they be binding on his/her agents, heirs, assigns, representatives, and survivors forever.

Dated this _____ day of _____, 20____

PRINT Participant name _____

Participant's Signature (if not 18 or older, parent/guardian must co-sign below).

Parent/ Guardian

Thank you for volunteering!!!

E-mail this form to
director@platterivertrails.com
(a photo of the signed form is fine)

Questions?
Call the Platte River Trails at 307.577.1206

