



Hamilton

Adopt-a-Park Participant List

City of Hamilton

City Hall, 71 Main Street West
Hamilton, Ontario L8P 4Y5
clean&green@hamilton.ca
Phone 905-546-2424 ext 1482



Participant List

Group Name: _____ Park / Green Space: _____

Team Leader: _____

Consent Waiver:

I hereby acknowledge that participation in a volunteer program organized in conjunction with the Operations and Waste Management Division of the Public Works Department as with all activities, involves potential risk of injury. These types of injuries may result from my actions or inactions, the actions or inactions of others, or a combination of both.

I understand that my I must adhere to all health and safety instructions provided, and that health and safety information will be shared with all participants by the event coordinator or their designate, prior to the commencement of the organized event. I understand that Volunteers are expected to familiarize themselves with these requirements and are expected to follow these general rules when engaged in any activities forming part of this event. I further acknowledge that these guidelines provide information necessary to assist volunteers in performing their various tasks safely and in a hazard free manner. I understand that the rules and regulations and instructions are designed for the safety and protection of participants and I hereby acknowledge that I have reviewed the Elements of Risk as set out below and agree to abide by the rules, regulations and instructions.

Elements of Risk:

All activities, including learning programs, involve certain elements of risk, regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating in this activity, without any fault of the student/volunteer, or the City or any of its employees, officials, or representatives. By taking part in this activity, I am accepting the risk that I may be injured. I understand that rules and regulations relating to safety are designed for the safety and protection of workers and participants in the activity. I consent to participate in the above-described activity acknowledging all the foregoing risks. **If participant is under 18 years of age, parent or guardian must sign. The following signatures indicate that those individuals have read and understood the above Consent Waiver**

Please Print **Date** _____

Name: _____ Signature: _____ Phone#: _____

Name: _____ Signature: _____ Phone#: _____

Name: _____ Signature: _____ Phone#: _____

Name: _____ Signature: _____ Phone#: _____

Name: _____ Signature: _____ Phone#: _____

