

## Team Up to Clean Up Event Leader and Volunteer Participant Waiver <a href="mailto:cleanandgreen@hamilton.ca">cleanandgreen@hamilton.ca</a>



| Consent Waiver: I hereby acknowledge that participation in a volunteer program organized conjunction with the Environmental Services Division of the Public Works Department as with a activities, involves potential risk of injury. These types of injuries may result from my actions inactions, the actions or inactions of others, or a combination of both. I understand that I must adher to all health and safety instructions provided, and that health and safety information will be shared wi 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 requirement and are expected to follow these general rules when engaged in any activities forming part of this ever I further acknowledge that these guidelines provide information necessary to assist volunteers performing their various tasks safely and in a hazard free manner. I understand that the rules are regulations and instructions are designed for the safety and protection of participants and I here 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 rist regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating  |
|---|
| Event Organizer:  Event Location:  Consent Waiver: I hereby acknowledge that participation in a volunteer program organized conjunction with the Environmental Services Division of the Public Works Department as with a activities, involves potential risk of injury. These types of injuries may result from my actions of inactions, the actions or inactions of others, or a combination of both. I understand that I must adher to all health and safety instructions provided, and that health and safety information will be shared wi all participants by the event coordinator or their designate, prior to the commencement of the organize event. I understand that Volunteers are expected to familiarize themselves with these requirement and are expected to follow these general rules when engaged in any activities forming part of this ever I further acknowledge that these guidelines provide information necessary to assist volunteers performing their various tasks safely and in a hazard free manner. I understand that the rules are regulations and instructions are designed for the safety and protection of participants and I herebacknowledge 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 ris regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating this activity, without any fault of the student/volunteer, or the City or any of its employees, officials, |
| Consent Waiver: I hereby acknowledge that participation in a volunteer program organized conjunction with the Environmental Services Division of the Public Works Department as with a activities, involves potential risk of injury. These types of injuries may result from my actions inactions, the actions or inactions of others, or a combination of both. I understand that I must adher to all health and safety instructions provided, and that health and safety information will be shared wi 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 requirement and are expected to follow these general rules when engaged in any activities forming part of this ever I further acknowledge that these guidelines provide information necessary to assist volunteers performing their various tasks safely and in a hazard free manner. I understand that the rules are regulations and instructions are designed for the safety and protection of participants and I here 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 rist regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating  |
| Consent Waiver: I hereby acknowledge that participation in a volunteer program organized conjunction with the Environmental Services Division of the Public Works Department as with a activities, involves potential risk of injury. These types of injuries may result from my actions inactions, the actions or inactions of others, or a combination of both. I understand that I must adhe to all health and safety instructions provided, and that health and safety information will be shared wi all participants by the event coordinator or their designate, prior to the commencement of the organize event. I understand that Volunteers are expected to familiarize themselves with these requirement and are expected to follow these general rules when engaged in any activities forming part of this event further acknowledge that these guidelines provide information necessary to assist volunteers performing their various tasks safely and in a hazard free manner. I understand that the rules are regulations and instructions are designed for the safety and protection of participants and I here 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 rist regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating   |
| conjunction with the Environmental Services Division of the Public Works Department as with a activities, involves potential risk of injury. These types of injuries may result from my actions inactions, the actions or inactions of others, or a combination of both. I understand that I must adher 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 requirement and are expected to follow these general rules when engaged in any activities forming part of this event further acknowledge that these guidelines provide information necessary to assist volunteers performing their various tasks safely and in a hazard free manner. I understand that the rules are regulations and instructions are designed for the safety and protection of participants and I here 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 rist regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating  |
| regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating   |
| representatives. By taking part in this activity, I am accepting the risk that I may be injured. I understar that rules and regulations relating to safety are designed for the safety and protection of workers ar 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.  |
| <b>Privacy Statement:</b> The City of Hamilton collects information under authority of Section 227 of the Municipal Act, 2001. Any personal information collected for the Adopt A Park Program will be used for the administration of the Adopt A Park Program. By providing your email address, you are consenting receiving emails from the City of Hamilton and/or their agents/contractors for purposes related to the program. Information collected for this initiative may be stored on servers located in Canada and the United States and may be subject to Canadian and/or American laws. Questions about the collection of this personal information can be directed to the Community Liaison Coordinator, Environment Services, Public Works, 100 King Street West, Hamilton, ON. L8P-1A2, <a href="mailto:cleanandgreen@hamilton.ca">cleanandgreen@hamilton.ca</a>   |
| Date:   |
| Event Organizer:  |
| Name: Phone Number:   |
| Signature:  |

| ame:      | Phone Number: |
|-----------|---------------|
|           |               |
| ignature: |               |
|           | Phone Number: |
| ignature: |               |
|           | Phone Number: |
| ignature: |               |
|           | Phone Number: |
| ignature: |               |
| ame:      | Phone Number: |
| ignature: |               |
| ame:      | Phone Number: |
| ignature: |               |
| ame:      | Phone Number: |
| ignature: | <del></del>   |
| ame:      | Phone Number: |
| ignature: | <del></del>   |
| ame:      | Phone Number: |
| ignature: | <del></del>   |
| ame:      | Phone Number: |
| ignature: | <del></del>   |
| ame:      | Phone Number: |
| ignature: |               |
| ame:      | Phone Number: |
| ignature: |               |

| Name:      | Phone Number: |
|------------|---------------|
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
| Name:      | Phone Number: |
| Signature: | _             |
|            |               |