



Cash For Trash Program Release of Liability

I understand that Cash for Trash cleanup activities may be physically demanding; I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risk of injury or disability in these activities. I fully understand that if injury occurs it must be documented and reported to a City Official within 24 hours.

I do hereby release indemnify and hold harmless the City of Spring Hill and staff for any injury to me from participation in the Cash for Trash program. City of Spring Hill is given free use of my likeness in the connection with any broadcast, release, media contact or other publicity generated by the activity.

Organization Name

Printed Name of Participant

Signature of Participant

Signature of Parent or Guardian if Under 18 Years of Age

Date

