



# Storm Water Quality Management Division Release and Waiver of Liability

I do hereby release the City of Oklahoma City, hereafter referred to as the "City", and its officers, agents, and employees from all claims, causes of action, and liability for any damages and/or injuries resulting from any acts, or a failure to act on my part, during my participation in the Waterway Clean Sweep Program.

I understand I am not employed by or an agent of the City and I am not covered by insurance or worker's compensation coverage by my participation as a volunteer in the Waterway Clean Sweep Program.

I understand that there is a risk whenever I am walking on paved or unpaved terrain and near waterways. I understand that picking up litter along rivers, creeks, ponds, streams, inlets, outlets, and any other waterways may include risks such as hidden and latent objects, insects, pests, and holes.

I agree to stay with my group and out of waterways while collecting litter and to follow the instructions, terms, conditions, and recommendations reviewed during the safety training.

I hereby authorize the City and those acting pursuant to its authority to: (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, social media, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of the City.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER AND AGREE TO ABIDE BY ITS PROVISIONS.**

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Legal Guardian (if Participant is under 18 years of age)

Name (please print): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

*Please read form thoroughly, complete, and return to the Storm Water Quality Management Division.*

