Rivers Alive

Dates: **Sat., Oct. 25**

Time: **9 a.m.—Noon**

Place:

Tyrone Town Hall
881 Senoia Rd.

Contact:

Tyrone Stormwater at 770-487-4038

Fayette County Environmental Management Department at 770-305-5410

Rivers Alive is an annual volunteer waterway cleanup event held throughout Georgia each fall. It is an opportunity to help clean our water resources and give back to the environment and our community.

Tyrone/Fayette County lakes, rivers and streams provide us with fresh drinking water, recreational opportunities and wildlife habitat. Please help us clean our waterways and watershed areas by participating in the Rivers Alive Clean-up

Saturday October 25, 2014 9:00 AM

ALL PARTICIPANTS UNDER THE AGE OF 18 YEARS ARE REQUIRED TO BE ACCOMPANIED BY AN ADULT.

PARTICIPANTS MUST PROVIDE THEIR OWN TRANSPORTATION TO AND FROM THE CLEANUP SITES.

PARTICIPANTS MUST FILL OUT A LIABILITY WAIVER.

Don't forget to bring/wear:
APPROPRIATE CLOTHING/TENNIS SHOES/ BOOTS
WORK GLOVES
BOTTLED WATER
SIGNED WAIVERS OR ARRIVE A FEW MINUTES EARLY TO SIGN A WAIVER

Volunteer T-shirts will be provided.
(While supplies last)

www.tyrone.org **www.fayettecountyga.gov**

Rivers Alive

MEDICAL RELEASE, PHOTO RELEASE, & LIABILITY WAIVER FORM

Voluntary - My participation in this River Cleanup is voluntary. I will select the activities in which I will participate. I will choose activities that are within my physical capacities. I will stay away from the water if I cannot swim and/or if I have any open cuts.

Assumption of Risk - I realize that during this Cleanup, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to (a) clean up slippery stream and river banks, (b) canoe in or wade in streams or rivers that may contain strong currents or uneven bottoms, (c) clean up near highways or roads, (d) cut vegetation with sharp tools, (e) pick up sharp items, and (f) clean up in or near a stream or river that may contain harmful pollutants, bacteria, or parasites. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could: (a) receive cuts and abrasions, (b) lose personal property such as watches or jewelry, and (c) suffer serious bodily injury.

Waiver - I release the sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims of any kind that relate to my participation in the Cleanup. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold the sponsors, organizers, volunteers, and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the Cleanup.

Medical Treatment - If I am injured during the Cleanup, the organizers or volunteers of the Cleanup may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the Cleanup, it is my responsibility to seek appropriate medical care and to notify the Cleanup organizers.

Pictures - I agree that any pictures or videos taken of me or my children/dependents during the Cleanup can be used by Rivers Alive for future promotional campaigns.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

_____	_____
Participant's Printed Name	Parent's Printed Name (if participant is under 18)
_____	_____
Signature	Parent's Signature

Date: _____

Address:_____

Email: _____

Emergency Contact person:_____

Emergency Contact's phone number: _____