

Volunteer Registration



Name _____ Organization _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ email _____

I would like to receive emails regarding upcoming Keep Casper Beautiful events

Volunteer Release of Claim

I, _____ the undersigned do hereby acknowledge and agree to the following terms and conditions of this Release of Claim (hereinafter referred to as "Release").

I understand and acknowledge the risks and hazards of participating in the cleanup and beautification activities sponsored by the Keep Casper Beautiful and the City of Casper (hereinafter referred to as City) and realize that there is a possibility of personal injury, death, and property damage. I acknowledge that I have voluntarily applied to assist the City and the Keep Casper Beautiful in these cleanup and beautification activities.

In consideration of my being allowed to participate in these cleanup activities, I hereby irrevocably and forever release and discharge the City of Casper, its Council, Manager, officers, employees, agents, Keep Casper Beautiful and its partners (hereinafter referred to as "Releasees"), and agree to hold Releasees harmless, from any and all legal liability of any kind, nature and description involving or relating to bodily injury or death suffered or sustained by me or anyone else, or any property damage sustained, however caused, from my participation in said activities.

I further agree not to institute any suit or make any claim against any Releasee for any injury, death or property damage which I, or my minor children, may suffer while participating in any of these activities.

I give to Keep Casper Beautiful, the City, and its partners unlimited permission to use, publish, republish for purposes of advertising, public relations, trade, or any other lawful use, photographic or digital images and information about me and reproductions of my likeness (photographic or otherwise) with or without my name.

The terms of this Release are contractual and not a mere recital. The undersigned acknowledges by execution of this Release that he/she understands these provisions and freely and voluntarily enters into them and intends that they be binding on his/her agents, heirs, assigns, representatives, and survivors forever.

Dated

Name _____

Participant's signature (if not 18 or older, parent/guardian must co-sign below)

Parent/Guardian signature

Thank you for volunteering!!!
Mail or fax this form to:
Keep Casper Beautiful
City of Casper
1800 East K Street
Casper, WY 82601
Fax 235-8417

For more information call: 235-7562

