



CITY OF SUFFOLK

DEPARTMENT OF PUBLIC WORKS

Litter Control

442 W. WASHINGTON ST., SUFFOLK, VIRGINIA 23434 PHONE: (757) 514-7725; FAX (757) 514-7727

Teamup 2 Cleanup

Volunteer Consent and Waiver

I UNDERSTAND THAT PARTICIPATION IN LITTER CLEANUP ACTIVITY IS A POTENTIALLY HAZARDOUS ACTIVITY THAT CONTAINS CERTAIN INHERENT RISKS AND HAZARDS AND CAN RESULT IN DAMAGE TO MY PERSONAL PROPERTY AND/OR SERIOUS INJURY/DEATH TO ME. I VOLUNTARILY ASSUME ALL RISK OF LOSS, DAMAGE AND/OR PERSONAL INJURY "INCLUDING DEATH" THAT I MAY SUSTAIN RESULTING FROM PARTICIPATING IN LITTER CLEANUP ACTIVITY AS A VOLUNTEER FOR THE CITY OF SUFFOLK.

Waiver

In consideration of being permitted to participate in any way in Litter Cleanup Activity as a volunteer of the City of Suffolk, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me, my agents, employees, or family members arising from participation in Litter Cleanup Activity as a volunteer for the City of Suffolk.

Indemnification

I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives while participating in Litter Cleanup Activity as a volunteer for the City of Suffolk.

TeamUp 2 CleanUp Consent and Waiver*

Agree

Name: _____

Signature: _____