**Informed Consent, Waiver, and Release Agreement for Participation in the  
2025 Spring Clean & Brazos Valley Community Cleanup Challenge**

As a voluntary adult participant or parent or guardian of a voluntary minor participant in the Keep Burleson County Beautiful Spring Clean and the Brazos Valley Community Cleanup Challenge, I, the undersigned, hereby **release, discharge, and agree to indemnify, hold harmless, and waive any and all claims, demands, causes of action, suits, and liability of every kind** against Keep Burleson County Beautiful (KBCB), Burleson County (BC), Keep Somerville Beautiful (KSB), the Brazos Valley Council of Governments (BVCOG), their agents, members, employees, officers, sponsors, directors, contractors, event coordinators, and successors from any and all liability, claims, losses, damages, or actions, without limitation, which I, my heirs, executors, administrators, or assigns may have or claim to have against any of them arising out of, connected to, or resulting from any activity or arising out of any actions I might take while participating in any activity related to the above event occurring between March 1, 2025 and May 31, 2025, including damage or destruction of property, injury, or death, regardless of whether such loss arises in whole or in part from the negligence of KBCB, BC, KSB, BVCOG, their employees, agents, members, officers, sponsors, directors, contractors, event coordinators, or successors. In addition, I agree to hold these parties harmless for any claims or personal injuries that I may cause.

I understand that participation in this event will involve physical labor such as walking on uneven and unmowed terrain, picking up/bagging/collecting trash and debris along roadways with active traffic or at other designated sites, including waterways, transporting trash and debris to a collection site, loading and unloading trash and debris from trailers, etc. and may carry a **risk of personal injury**. Risks include but are not limited to natural and manmade hazards, environmental conditions, sharp objects, bugs/insects, and snakes, which in combination with personal actions can cause injury to a participant. I hereby represent that the participant indicated below is physically able to do the things enumerated above without limitation and has no disabilities which might prevent these activities, and I agree to assume all risks which may be associated with or may result from participation in the cleanup challenge, including, but not limited to, transportation to and from cleanup sites.

Consent is expressly given, in the event of injury or sudden illness, for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary. If the participant is a minor, I, as parent or guardian of the participant, give permission on behalf of the minor and further authorize participating sponsors and employees or representatives of these organizations to **obtain emergency medical treatment** for the participant, should an apparent need for this treatment arise.

I hereby grant permission to event organizers and sponsors to **use and reproduce any and all photographs and/or video** of me, or of the minor participant indicated, taken during the Spring Clean event in publications, news releases, online, and in other communications related to this event or the mission of any of the event organizers or sponsors. I give Keep Burleson County Beautiful and the Brazos Valley Council of Governments the right to use the participant’s name and photograph in all forms and media without compensation. I do not wish to approve the finished version(s) of the photographs before they are used by the Released Parties in these publications, nor do I wish to claim any ownership interest in these photographs. I will not consider such use of the photographs as libelous or an invasion of the participant’s privacy.

**I have carefully read this consent, waiver, and release and understand and agree to all of its terms. I sign it voluntarily and with full knowledge of its legal consequences.**

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| Participant’s Full Name (Printed) |  | Physical Address, City, Zip |
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| Signature of Participant |  | Date |
|  |  |  |
| Signature of Parent/Guardian (if applicable) |  | Company, Group, Other Entity (if applicable) |
|  |  |  |
| Phone |  | Email Address |
|  |  |  |
| Emergency Contact Name |  | Emergency Contact Phone |