

CLEAN COMMUNITIES MINI-GRANT PROGRAM

INDIVIDUAL RELEASE

DATE: _____

I understand that participation in the Clean Communities Program involves activities which pose a potential risk of personal injury. Some examples of these activities include handling sharp or heavy trash; working outdoors in weather that can turn unexpectedly hot, cold, windy, or stormy; and walking on surfaces which can conceal sharp or hazardous objects. I assume all risks associated with participation in the program and hereby for myself, my heirs, executors and administrators waive and release the County of Sussex, Division of Health, its Director, officers and employees from all claims, liability, risk of loss or injury and damages of any kind including wrongful death associated with or arising out of my participation in the Clean Communities Program. I certify that I have reviewed and understand the Clean Communities packet materials prior to my participation in the Program. I understand that while those materials contain instructions intended to protect me from injury, even my full compliance with those instructions will not guarantee that no injury will occur.

**IF A SIGNATORY IS LESS THAN 18 YEARS OF AGE
THIS MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN!!!**

_____	_____
<i>Name</i>	<i>Signature</i>
_____	_____
<i>Address</i>	<i>Parent/Guardian Signature (if necessary)</i>

<i>Group/Affiliation</i>	