Name of Group:	Cleanup Location:

ADOPT-A-BEACH WAI		IABILITY AND EXPRES ASE READ CAREFULLY)	S ASSUMPTION OF RISK
I,, HEREBY CI	ERTIFY THAT	Γ I AM AWARE OF THE INHEF	RENT HAZARDS OF A BEACH CLEANUP
anticipation of payment of any kind; 2. I will not undertake tasks that are beyond my utilize in connection with this volunteer action to the know how to operate safely; 4. I acknow appropriate safety and emergency procedure only the supplies, tools and equipment provules, and use care in the performance of my	ill perform assi- ability; 3. I an ivity, and I will wledge that I hes, and that I foi ided by the Ev y assignments; ate of Californion compensation, but Commission,	igned tasks that are within my phy m familiar with the safe operation I not undertake to use any equipm ave received and read appropriate ally understand those instructions ent organizers; 5. I will perform of 6. I specifically acknowledge that a or Foundation employee, agent, benefit or insurance coverage from the California State Parks Foundation	tent or tools with which I am unfamiliar or do e instruction regarding this Event, including and that I agree, after proper inspection, to us only those tasks assigned, observe all safety at I am engaging in this activity as a volunteer official, officer or representative, and further in the State of California, the Department of ation, Los Angeles County Department of
Recreation, California State Parks Foundation organizers or promoters or sponsors or propassigns, (hereinafter collectively referred to	on, Los Angele erty owners in as "Released I assigns that m	es County Department of Beaches volved in this event, nor any of the Parties"), may be held liable or res nay occur as a result of my participation	neir respective employees, officers, agents or sponsible in any way for any injury, death or pation in this activity, or as a result of produc-
the risks of possible injury, infection or loss hazardous materials found on the beach, or in such activity. I know of no physical lim	of life as a restrom over-exertitation which sate in this activate as a participant and Released leirs, or assigns	sult of contact with needles, condoction or environmental conditions. Should keep me from undertaking ity, I hereby personally assume alt, including all risks connected the Parties from any claim or lawsuit	for personal injury, property damage, or
California to perform emergency or surgical eighteen and legally competent to sign this	l treatment as i liability release	n his or her sole judgment may be e, or that I have acquired the writte	
I agree to allow my image to be used	l in published m	naterials and web sites that promote	the programs of Heal the Bay.
FROM ALL LIABILITY OR RESPONSIB	ILITY WHAT	SOEVER FOR PERSONAL INJ	EASED PARTIES," AS DEFINED ABOVE URY, PROPERTY DAMAGE OR ELEASED PARTIES, WHETHER PASSIVE
I HAVE FULLY INFORMED MYSELF RISK BY READING IT BEFORE I SIG			
Spelling of Participant's Name	Date	Street Address	Phone
Signature of Participant		City, State, Zip	@ E-mail Address
IF PARTICIPANT IS UNDER 18, THE	PARENT(S) (	OR GUARDIAN(S), IF ANY) M	MUST SIGN.
The above participant has my permission stated above. I know of no health limitat			m. I have read and agree to the provisions cipation in this activity.
Signature of Parent(s) or Legal Guardian(s)	Date		
		Address	