Volunteer Registration

Saturday, September 26, 2015, at 9:00 a.m. Check-in at Mike Lansing Field. ***You will have to drive from Lansing to another location to work. Please arrange for your transportation.***

Name: _____ Organization: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age if under 18*: _____ *Must be signed by parent/guardian. Youth groups must check-in at the event with their chaperones. All teams with minors must have 1 adult per 5 minors to participate.

I would like to participate in (pick only two): Visit www.platteriverrevival.org for volunteer activitiy descriptions.

- ☐ Litter removal
- ☐ Russian olive branch removal
- ☐ Other _____
- ☐ Creek litter
- ☐ Tree protecting

I will bring/wear my own: ☐ leather gloves ☐ water bottle ☐ eye protection/ safety glasses

T-shirt size (check one): ☐ Youth small ☐ Youth medium ☐ Youth large ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

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 activities sponsored by the City of Casper(hereinafter referred to as City), Platte River Revival and its partners 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, Platte River Revival and its partners in these cleanup 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, Platte River Revival 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 Platte River Revival, 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: _____

Participant's Name _____

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

_____
Parent/ Guardian

Thank you for volunteering!
Mail or fax this form to:
Platte River Revival
200 North David Street
Casper, WY 82601
Fax 234-0709

For more information call 235-8341