



Participant Photo Release, Liability Waiver, and Agreement Form

Event Name: Brays Bayou Association <i>Virtual Clean-up Event 1</i>	Date of event:
Event Location: nearest address is 4665 N Braeswood Blvd, Houston, TX 77096. Free parking available under 610.	

Participant Contact Info	
Participant's First and Last Name	Emergency Contact Name and Phone Number
Street Address and Apt/Suite #	City, State, Zip
Email	Phone Number

YES, add me to Bayou Preservation Association's email list. NO, please do not add me to the email list.

Photo/Video Release

I grant permission to photograph, record, broadcast, and otherwise use in any media, including web pages or the internet, my or my child's participation in this volunteer project and to use my name, voice, and biographical information concerning me in connection therewith.

YES, photos may be taken and used. NO, photos may not be taken and/or used.

Litter Low-Down Report

All clean-up volunteers must submit their final data here: <https://forms.gle/WSkai2RANW3U5fB28>

- I agree to complete Bayou Preservation Association's Litter Low-Down Report individually.
- I agree to submit my final collection data to my Team Leader.

Waiver of Liability

As a participant or parent or guardian of a participant in the event sponsored by the Bayou Preservation Association, Inc. and other participating sponsors, I, the undersigned, hereby release, discharge, and agree to waive all claims against the Bayou Preservation Association, all other sponsors, their agents, employees, officers, and successors from all liability, claims or actions which I, my heirs, executors, administrators, or assigns may have or claim to have against any of them arising from any personal injuries or other claims connected therewith, whether known or unknown, or injuries to other persons or to property caused by or arising out of any actions I might take relating to my activities while participating in the above event. In addition, I agree to hold harmless the Bayou Preservation Association for any claims or personal injuries that I may cause.

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 have carefully read this release and understand all its terms. I sign it voluntarily and with full knowledge of its legal consequences.



SIGNATURE OF PARTICIPANT or PARENT/GUARDIAN OF PARTICIPANT
(when applicable)

DATE