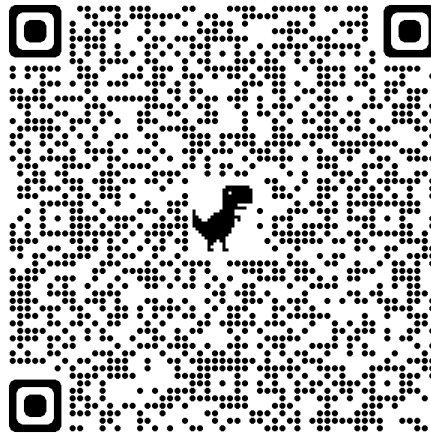




**VOLUNTEER RELEASE AND WAIVER OF LIABILITY—ADOPT-A-BEACH**

Full language for the Adopt-a-Beach Volunteer Release and Waiver of Liability can be accessed by visiting the following URL or by using the QR code below: [greatlakes.org/waiver](http://greatlakes.org/waiver). Your Team Leader should also have a paper copy of the full language of the Adopt-a-Beach Volunteer Release and Waiver of Liability available at the cleanup for you to read.



Please fill out the table below for **yourself and any minor/minors** who are accompanying you for the Adopt-a-Beach cleanup.

<b>Volunteer</b>	<b>Relationship</b>	<b>Photo and Name Use Waiver*</b>	<b>Release and Waiver of Liability</b>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>

*\*Not required for participation.*



<b>Volunteer</b>	<b>Relationship</b>	<b>Photo and Name Use Waiver*</b>	<b>Release and Waiver of Liability</b>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
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Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/> Me <input type="checkbox"/> My Minor	<input type="checkbox"/>	<input type="checkbox"/>

*\*Not required for participation.*

I am the parent or legal guardian of the minor/minors named in the table above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of the Volunteer Release and Waiver of Liability. I authorize Alliance for the Great Lakes or any Released Party to obtain medical treatment for such minor and release it from liability in accordance with the Volunteer Release and Waiver of Liability.

**BY SIGNING/COMPLETING THIS REGISTRATION FORM, I CONFIRM THAT I AM 18 YEARS OR OLDER AND HEREBY ACKNOWLEDGE THAT I HAVE BEEN PROVIDED A PAPER COPY OF OR DIRECTED TO A WEBSITE WITH THE FULL WAIVER AND RELEASE OF LIABILITY AND THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE TERMS AND CONDITIONS OF THE VOLUNTEER RELEASE AND WAIVER OF LIABILITY. I AM SIGNING UP AS A VOLUNTEER FOR THIS ADOPT-A-BEACH EVENT, RELEASING THE RELEASED PARTIES FROM ALL LIABILITY, AND CHOOSING THE PHOTO AND NAME USE WAIVER FREELY, VOLUNTARILY, AND WITHOUT DURESS. I ACKNOWLEDGE THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE ALLIANCE FOR THE GREAT LAKES AND ANY OTHER RELEASED PARTIES.**

Signature of Volunteer: \_\_\_\_\_

Name of Volunteer (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Zip Code of Volunteer: \_\_\_\_\_

Would you like to receive emails from Alliance for the Great Lakes? Yes  No

Would you like to receive emails from this cleanup's partner organization (if applicable; organization listed below)? Yes  No

Partner organization: \_\_\_\_\_