

2024 Trash Bash Waiver and Release from Liability
Morrow County, Ohio

I ACKNOWLEDGE that the Morrow County, Ohio Trash Bash (community cleanup) I am going to participate in involves a dangerous activity. I acknowledge that this community cleanup carries with it the potential for death, serious injury, property damage, and property loss. I hereby assume all the risks of participating in this community cleanup, regardless of their cause. I promise to participate in a safe and prudent manner, so as not to endanger myself or others. In consideration of my registration to participate in this community cleanup, I hereby execute this Waiver and Release from Liability on behalf of myself, my personal representatives, my administrators, my heirs, my next of kin, my survivors, my successors, and my assigns, as follows:

A. I WAIVE, RELEASE, DISCLAIM and FOREVER DISCHARGE from any and all liability for me while participating in this community cleanup sponsored by Morrow County Recycling & Litter Prevention, Keep Morrow County Beautiful, Ohio Environmental Protection Agency, DKMM Solid Waste District, Morrow County Extension Office, and Morrow County Commissioners, Morrow County Townships (Bennington, Canaan, Cardington, Chester, Congress, Franklin, Gilead, Harmony, Lincoln, North Bloomfield, Perry, Peru, South Bloomfield, Troy, Washington and Westfield) the following entities or persons: employees, volunteers, representatives, agents, assigns, funders and sponsors of event, together with vendors and manufacturers, and their respective directors, officers, employees, representatives, agents, and assigns.

B. I INDEMNIFY AND HOLD HARMLESS the entities and persons specified in paragraph A above from any and all liability, loss, demand, claim or action at law or in equity that may hereafter be made or brought by those individuals or entities as a result of any of my actions during this community cleanup.

C. I CONSENT to receive medical treatment that may be deemed advisable as a result of any injuries I receive during this community cleanup and agree that I am solely responsible for all costs, including diagnosis, treatment, medical transportation, and evacuation, that may become necessary for me or another person as a result of any of my actions during this community cleanup.

D. I AGREE that dangerous objects related to the use of illicit drugs may be thrown into road ditches and waterways, these items include but are not limited to: syringes, needles, two liter bottles with crusty or solid materials inside or outside, propane tanks with blue colored valves, guns, money safes. If these items are spotted, I will NOT TOUCH them, I will leave them where they are and call the Morrow County Sheriff Office at 419-946-4444.

E. I AGREE that any photographs and video footage taken of me during the community cleanup, as well as any written documents I submit to the event sponsors, may be printed, reproduced and published in any manner anywhere without any further consent by me or my family members and without any compensation to me.

F. This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and I understand its content.

G. PARENT/LEGAL GUARDIAN WAIVER FOR MINORS: The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

H. I CERTIFY that I have read this document, understand its contents in their entirety and have executed this document below without reservation or duress. By completing the Signature box below, this shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Printed Name of Participant

Signature of Participant

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Emergency
Contact: _____

Phone
Number: _____

Address of Participant

City

State

Zip