RiverSweep 2019 COOPERATIVE AGENCIES ANTI-LITTER ACTIVITY PROGRAM
AGREEMENT TO PARTICIPATE & RELEASE & WAIVER FORMS

In consideration of permission to participate in the cooperating agencies Anti-Litter Activity Program sponsored by the NORTH CUYAHOGA VALLEY CORRIDOR, INC. d.b.a. CANALWAY PARTNERS and any and all '2019 Coalition) and recognizing that this program will involve activities that may involve hazards, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge the RiverSweep '2019 Coalition and their respective employees, officers and agents from any and all liability for personal injury or property damage of any kind sustained in association with participation in the program, whether such personal injury or property damage is caused by the negligence of the RiverSweep '2019 Coalition or their respective employees, officers, agents or otherwise.

I covenant and agree to indemnify and hold harmless the RiverSweep '2019 Coalition, their respective employees, officers and agents, from all liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from my participation in the Anti-Litter Activity Program.

I further agree to abide by all applicable rules and regulations promulgated by the RiverSweep '2019 Coalition and agree to follow the instructions of all supervisors and/or instructors who are connected with this activity.

I have read and fully understand the foregoing and intend to be bound by it. With my signature, I join the North Cuyahoga Valley Corridor, Inc., d.b.a. CANALWAY PARTNERS as a member in this Anti-Litter Activity Program--RiverSweep '2019.

_____	_____
Participant Signature Date (See right if under 16 years of age)	Signature of **Parent or Guardian** Date (If participant under 16 years of age)
_____	_____
Participant Name Printed	Parent or Guardian Name Printed
_____	
E-mail address	
_____	_____
Street Address	Street Address
_____	_____
City, Zip Code	City, Zip Code
_____	_____
Telephone Number	Telephone Number

_____ Check here if on medication or if health problems may affect participation in the Anti-Litter Activity Program. A Site Coordinator must speak with you if this paragraph is checked.