
City of Cooper City, Florida
Adopt-A-Street Program
Release and Waiver

(Please complete one form per volunteer and return to A.A.S. Coordinator)

In consideration of the permission granted to _____ (volunteer name) by the City of Cooper City to participate in the Adopt-A-Street Program pursuant to the Program Agreement between the _____ (organization name) and the City of Cooper City, I hereby agree to execute this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Cooper City, its elected and appointed officials, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence; or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands and actions arising out of my actions or involvement with the City of Cooper City, and for any resulting judgments, losses, costs, damages, liability, expenses, including but not limited to attorney's fees arising out of, occurring during or relating to my participation in the City's program.

I acknowledge and authorize the photograph and videotape, and the publication of such photographs and videotapes, of me to promote or publicize the City's program. I certify and warrant that I am in good physical condition and able to participate in the above activity or event.

I have carefully read the foregoing Release and Waiver, and Adopt-A-Street Program Safety Requirements for the Litter Removal Program and know the contents thereof, and have signed this Release and Waiver of my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

____By executing this document on behalf of my minor child, I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. I will bear full cost of any expense incurred due to any injury to my child or damage to my property.

By: _____
(Volunteer or Guardian Signature)

Date _____

For: _____
(Printed Name of Volunteer)

(Witness Signature)
