



Date Received \_\_\_\_\_

# City of Bend Beautification Program Volunteer Informed Consent/Release

CITY OF BEND

Locate # \_\_\_\_\_

*NOTE: This form needs to be completed and returned for **each cleanup**.*

Group Leader \_\_\_\_\_  
Volunteer Group Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

The Bend Beautification Program allows volunteers an opportunity for volunteers to improve the esthetics and neighborhood appearance by adopting a stretch of road or a plot of land and improving its appearance through litter pickup, weeding and sometimes, planting new vegetation.

Volunteers are informed and acknowledge being advised that working adjacent to a roadway can be a hazardous activity which can cause bodily injury and or property damage. Volunteers agree they shall exercise due care and caution in performing litter pick up activities, Volunteers further acknowledge they have received safety instruction that includes review of the **Bend Beautification Program Safety Rules** prior to participating in any cleanup activities. Volunteers shall wear the vest furnished by the Department, and appropriate protective clothing during cleanup activities.

**No more than 10 volunteers may participate in the beautification activity at any one time.** Volunteers shall be 18 years of age or older unless prior approval has been granted by the Department as indicated in the agreement. If participation of minors is approved, one supervising adult must be present for every four minors during cleanup events.

**By signing below I certify the following:**

I am participating and am under control of our volunteer group and not The City of Bend. I have participated in the required safety training. I understand and agree to abide by the **Bend Beautification Program Safety Rules**.

I agree to release and forever discharge The City of Bend, its agents, employees, representatives and officials from any and all damages, claims, demands, actions, causes or action cost and expenses whatsoever nature related to my participation in the program other than liability arising from the City's negligence or wrongful acts.

I understand that a photographer or media may be present to document the activities at the project sits and that I might be photographed while participating. I agree that I will contact the photographer/media if I do not wish to be photographed. I hereby grant the City of Bend the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included. I hereby release Photographer and his/her legal representatives and assigns and the City of Bend from all claims and liability relating to such photographs.

Date \_\_\_\_\_

Name (print)

Signature

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Please mail, fax or e-mail this form to:

City of Bend, Bend Beautification Program

Attn: Cheryl Howard

710 NW Wall Street, Bend OR 97701

Telephone: 541.388.5579 • Facsimile: 541.385.6676 • E-mail: [choward@bendoregon.gov](mailto:choward@bendoregon.gov)