



Date Received _____

City of Bend Beautification Program Minor Participation Permission

CITY OF BEND

This form must be completed for each volunteer under 18 years of age prior to participation in the program, in approved locations only.

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. Please refer to Agreement to verify approval. If participation of minors is approved, one supervising adult must be present for every four minors during cleanup events.

Name of Minor _____

Volunteer Group Name _____ Location _____

Address _____

City _____ Zip _____ Phone _____

The **Bend Beautification Program** allows volunteers young and old to contribute toward the effort to control litter and enhance roadside and neighborhood appearance.

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** prior to participating in any cleanup activities.

Volunteers shall wear the safety vest furnished by the Department, and appropriate protective clothing during cleanup activities.

By signing below I certify that:

The above named minor child is participating under control of the volunteer group and not The City of Bend. I understand and agree that the above named minor child will abide by the **Bend Beautification Program Safety Rules** and is working in a location approved for minor volunteers in the Agreement. I agree to release and forever discharge the City of Bend, its agents, employees and officials from any and all liability whatsoever for damages or injury resulting from participation in this program. I understand that a photographer or media may be present to document the activities at the project sites and that my child might be photographed while participating. I agree that I will contact the photographer/media if I do not wish my child to be photographed. I hereby grant the City of Bend the irrevocable and unrestricted right to use and publish photographs of my child or those in which my child may be included. I hereby release Photographer and his/her legal representatives and assignees and the City of Bend from all claims and liability relating to such photographs.

PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As Parent/Legal Guardian I, (print name) _____ hereby grant my permission for

the above named minor child to participate in the **Bend Beautification Program**. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above 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 _____'s participation in the program other than liability arising from the City's negligence or wrongful acts.

Signed _____ Date _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Parent/Legal Guardian of the above minor child volunteer I, (print name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine the above named minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. Every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed _____ Date _____

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