



All participants must read the liability release and sign in the box below.

Individual Participant Liability Release

To the fullest extent permitted by law, I _____ indemnify, defend, hold harmless, and release Pickens County and Keep Pickens County Beautiful (KPCB), their directors, officers, employers, affiliates, agents, successors, and assigns from and against any and all injury, claims, losses, costs, expenses, damages, awards, or settlements (including the payment of reasonable attorneys' fees) arising out of or resulting from any and all acts or omissions of Participant at any sponsored Pickens County or KPCB activity.

Communications Release

I, _____ hereby waive any claim to the rights to the photographic recordings and/or images made of me by Pickens County and Keep Pickens County Beautiful. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recordings and photographs for purposes deemed suitable by Pickens County and KPCB. I hereby waive any right to approve the finished products.

I, _____ hereby certify that I am 18 years of age or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before entering my name and company into the appropriate fields below and warrant that I fully understand the contents thereof.

***If participant is under the age of 18, signature of parent or guardian is required.**

Signatures

Please print your full name below.

First Name

Last Name

Signature

Date

If you are a parent or guardian signing on behalf of a volunteer under the age of 18, please list the participant's name here:
