



# HILLSBOROUGH TOWNSHIP CLEAN COMMUNITIES

## Litter Cleanup

### INDIVIDUAL RELEASE FORM

DATE OF CLEANUP: \_\_\_\_\_

I understand that participation in the Clean Communities Program involves activities which pose a potential risk of personal injury. Some examples of these activities include handling sharp or heavy trash; working outdoors in weather that can turn unexpectedly hot, cold, windy or stormy; and walking on surfaces which can conceal sharp and/or hazardous objects. I assume all risks associated with participation in the program and hereby for myself, my heirs, executors and administrators waive and release Hillsborough Township, and its employees from all claims, liability, risk of loss or injury and damages of any kind including wrongful death associated with or arising out of my participation in the Clean Communities Program. I certify that I have reviewed and understand the Clean Communities packet material prior to my participation in the PROGRAM. I understand that while these materials contain instructions intended to protect me from injury, even my full compliance with those instructions will not guarantee that no injury will occur.

**IF A SIGNATORY IS LESS THAN 18 YEARS OF AGE**  
**THIS MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN!!**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Parent / Guardian (If Under 18)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Group/Organization (if applicable)*



# HILLSBOROUGH TOWNSHIP CLEAN COMMUNITIES Litter Cleanup

## PHOTO RELEASE FORM

**DATE OF CLEANUP:** \_\_\_\_\_

I hereby grant Hillsborough Township permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Hillsborough Township and will not be returned.

I hereby irrevocably authorize Hillsborough Township to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Hillsborough Township from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

I ACCEPT:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, a parent / guardian signature is required.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_