TOWN OF LEWISVILLE
PARTICIPATION RELEASE

==**2024 Fall Clean Sweep**==
==**September 14, 2024**==

- I understand that I will be walking outdoors (and sometimes indoors) and ***this activity involves risks***, including but not limited to slipping or tripping, bending, reaching, medical conditions caused by over-exertion or lack of hydration, walking on roadsides near traffic and walking in or near rough terrain or creeks. I understand that these risks can potentially lead to physical injury, including death, and/or loss of or damage to property. ***I assume these risks.***
- I am sufficiently physically fit to participate in the event, have adequately prepared for the activity and have had opportunity to consult with a medical professional about whether I should participate. I will not participate in activities if I am under the influence of any medication or intoxicant that would impede my ability to safely participate.
- I agree to observe all pedestrian safety regulations and traffic laws and to pay attention to my surroundings. I will put safety first.
- I agree that the Town of Lewisville has full discretion to discontinue my participation in the event, if in its sole discretion it concludes that my participation creates any unreasonable risks to health or safety or if I am disorderly or disruptive.
- I understand that I may stop participating in the activity at any time; and I agree to do so, if I feel that continuing with the activity may jeopardize my health or safety.
- I release the Town of Lewisville and its employees and elected and appointed officials from any and all claims for bodily injury or loss of or damage to property arising from my participation in this event.
- I am over 18 years old and am competent to sign this agreement (or my parent or guardian has also signed below).

Participant's Name _____

Participant's Address _____

Participant's Phone Number _____

Participant's Signature _____

Emergency Contact Phone Number _____

Parent/Guardian Name (if applicable) _____

Parent/Guardian Signature _____

Relation to Minor _____ **Contact Number** _____

Received by: _____ *Date/Time:* _____