

COASTSWEEP Volunteer Sign In Sheet/Waiver Form

Cleanup Organizer:	Cleanup Date:	(Cleanup Location:		
I, a participant in the activities sponsored by COASTSWEEP agree to follow all cleanup instructio	ns as stipulated by the l	local cleanup organizers/beach	managers. I understand the work that I ha	ve volunteered to do and hereby	
state that I am qualified and physically capable of accomplishing the work and activities for which	I have volunteered. I un	nderstand that I may be collectin	ng various types of marine debris, including	broken glass, metal pieces, and	
other materials that may cause injury if handled improperly. All materials of unknown contents, heavy weight, or questionable safety (medical debris, chemical containers, 55 gallon drums, fireworks) will be left in place untouched,					
the location noted, and trained personnel informed. COASTSWEEP is an organization based on v	volunteers and has no re	responsibility for any injuries that	at occur during the cleanup.		

I hereby release the Commonwealth of Massachusetts, the Massachusetts Office of Coastal Zone Management (CZM), their employees, and agents from all liability, claims, loss, damage, expenses and/or injuries, whether to person or to property, which may result from my actions while participating in COASTSWEEP volunteer activities. I further agree to indemnify, defend, and hold harmless the Commonwealth of Massachusetts, CZM, and their employees, and agents from liability for any damage or injuries resulting from my actions, while participating in volunteer activities approved or sponsored by CZM, that are found to be outside the scope of the approved activities. acknowledge that, by participating in these volunteer activities, I have not received an appointment to state service, and I will not receive a salary or payment from the Commonwealth. As such, I understand that I am not entitled to Workers Compensation and that I cannot make any claims against CZM for any injury, loss, or damage to person (including bodily injury or death) or property suffered while involved in COASTSWEEP volunteer work and, further, that I will provide my own health insurance.

PHOTOGRAPHS - Also, by signing I provide consent that photographs of me taken at the cleanups can be used by the Commonwealth of Massachusetts, CZM, and the Ocean Conservancy in publications, presentations, and on websites and sent to any media outlets to increase the publicity for the International Coastal Cleanup and to raise awareness of the problem of marine debris. In addition, you affirm that you own the rights to any of the photos you submit and agree to transfer those rights to the Commonwealth of Massachusetts, CZM, and the Ocean Conservancy.

I have read the waiver

(check & Initia	l) <u>Name</u>	Address	Emergency Contact (Name, #)