

# 2018 HARDY LAKE SWEEP

Saturday, April 28, 2018 from 8:00 am until 1:00 pm

## RELEASE FORM

Agreement to Participate – Release & Indemnification Form

**Due to SWCD by April 4, 2018**

**(Your leader's due date:\_\_\_\_\_)**

I, the undersigned, for the duration of the event, agree to follow these instructions:

- Always wear gloves, protective clothing and life jackets when on the water.
- Wear bright orange or fluorescent clothing.
- Be careful when handling broken glass, sharp objects, aerosol cans, etc.
- Do not disturb any drum containers – report their location to the coordinators.
- Watch for snakes, wasps, hornets and poison ivy in debris piles or vegetated areas.
- Use common sense about lifting heavy objects.
- Never work alone.
- Immediately report any accidents or injuries to the coordinators.
- Ask permission if entering private property identify self as a Lake Sweep volunteer.

I also understand that the nature of this activity involves certain dangers and risks, and I voluntarily assume all risks of accident or injury. I hereby release and forever discharge the Event Sponsors, Scott and Jefferson County SWCDs, Hardy Lake, the Indiana Department of Natural Resources, and the Natural Resources Conservation Service and their respective employees, officers, agents, coordinators, and volunteers ("the Sponsors") from any and all liability for personal injury or property damage of any kind sustained in any manner arising from my participation in the Hardy Lake Sweep. I agree to indemnify and hold harmless the Sponsors from any and all claims, loss and expense, including but not limited to damages, legal expenses and costs of defense, in any manner arising from my participation in the Hardy Lake Sweep.

Group Name:		I would like to receive:
Participant Name:		<input type="checkbox"/> Bandana <input type="checkbox"/> Embroidered Patch <input type="checkbox"/> Both
Participant Name:		<input type="checkbox"/> Bandana <input type="checkbox"/> Embroidered Patch <input type="checkbox"/> Both
Participant Name:		<input type="checkbox"/> Bandana <input type="checkbox"/> Embroidered Patch <input type="checkbox"/> Both
Participant Name:		<input type="checkbox"/> Bandana <input type="checkbox"/> Embroidered Patch <input type="checkbox"/> Both
Participant Name:		<input type="checkbox"/> Bandana <input type="checkbox"/> Embroidered Patch <input type="checkbox"/> Both
Parent/Guardian Contact Information: Fill all blanks		
Address		
City, State, Zip		
Telephone		

Signature of participant or **parent/guardian if participant is under 18**

Date

Signature of participant or **parent/guardian if participant is under 18**

Date

# Group Roster

I will NOT need a campsite: \_\_\_\_\_  
 I will need a campsite:  
 on Fri. \_\_\_\_\_ or on Sat. \_\_\_\_\_  
 # of Tents @ campsite \_\_\_\_\_  
 # of Units with Electricity \_\_\_\_\_  
 I will participate in Garlic Mustard Pull \_\_\_\_\_

Group Name: _____
Leader: _____ Email: _____
Address: _____ _____
Home Phone: _____ Cell Phone: _____

	Name			Name	
1	_____	___ Bandana ___ Patch ___ Both	16	_____	___ Bandana ___ Patch ___ Both
2	_____	___ Bandana ___ Patch ___ Both	17	_____	___ Bandana ___ Patch ___ Both
3	_____	___ Bandana ___ Patch ___ Both	18	_____	___ Bandana ___ Patch ___ Both
4	_____	___ Bandana ___ Patch ___ Both	19	_____	___ Bandana ___ Patch ___ Both
5	_____	___ Bandana ___ Patch ___ Both	20	_____	___ Bandana ___ Patch ___ Both
6	_____	___ Bandana ___ Patch ___ Both	21	_____	___ Bandana ___ Patch ___ Both
7	_____	___ Bandana ___ Patch ___ Both	22	_____	___ Bandana ___ Patch ___ Both
8	_____	___ Bandana ___ Patch ___ Both	23	_____	___ Bandana ___ Patch ___ Both
9	_____	___ Bandana ___ Patch ___ Both	24	_____	___ Bandana ___ Patch ___ Both
10	_____	___ Bandana ___ Patch ___ Both	25	_____	___ Bandana ___ Patch ___ Both
11	_____	___ Bandana ___ Patch ___ Both	26	_____	___ Bandana ___ Patch ___ Both
12	_____	___ Bandana ___ Patch ___ Both	27	_____	___ Bandana ___ Patch ___ Both
13	_____	___ Bandana ___ Patch ___ Both	28	_____	___ Bandana ___ Patch ___ Both
14	_____	___ Bandana ___ Patch ___ Both	29	_____	___ Bandana ___ Patch ___ Both
15	_____	___ Bandana ___ Patch ___ Both	30	_____	___ Bandana ___ Patch ___ Both

Additional rosters and release forms may be copied. Mail forms, scan/email or drop off at the USDA Service Center by April 4. We understand that sometimes these registration numbers may change. **Please confirm your participation numbers 2 weeks before the event**, no later than **April 13<sup>th</sup>**, then call 812-752-2269, ext. 3 or email [scswcd@scottcountyswcd.org](mailto:scswcd@scottcountyswcd.org)