

CALIFORNIA-NEVADA-HAWAII DISTRICT

Circle K International

Waiver for District Large Scale Service Project (DLSSP) South 2018

I, _____, understand and agree that registration is required to participate, and that I may not bring unregistered guests to any portion of the District Large Scale Service Project (DLSSP) South. I further understand and agree that I am required to abide by the Circle K Code of Conduct from the time I begin traveling from my home to attend until I return home.

In consideration of being allowed to participate in the District Large Scale Service Project (DLSSP) South on February 25, 2018 in Orange County, CA, I hereby waive and release Kiwanis International, Key Club International, Circle K International, the California-Nevada-Hawaii Districts of Kiwanis, Key Club, KIWIN'S and Circle K, as well as all of their agents, employees, trustees, volunteers, affiliated clubs, officers, directors and members (collectively "Kiwanis Family"), from any and all liability for any claim, damage or injury, including but not limited to physical and/or emotional injury, medical and/or psychological expenses, and attorney's fees, arising from or related to my participation in this event.

I understand and I am aware that there will be service projects or other activities that may require physical risk, including, but not limited to: cleaning, moving large objects, planting trees or smaller plants, gardening, being in contact with cleaning chemicals, driving, and riding in a car. I represent that I am in appropriate medical condition to engage in these activities, and I assume any and all risks associated with these activities. I agree to follow the directions of any and all supervising adults, such as members of Kiwanis. I further understand that failure to follow such directions, or to otherwise act in an unsafe, illegal or inappropriate manner, will be a basis for my being precluded from continuing to participate in this activity without refund of any fees or expenses paid, or from being allowed to participate in future activities.

In the event I am injured, I authorize the supervising adults to obtain medical treatment on my behalf as may be reasonably necessary. I understand and agree that if such medical treatment is not covered by my personal medical insurance, I will be solely and completely responsible for any and all financial costs associated with that medical treatment.

I understand and agree that my image may be recorded photographically or on video, and that it may be used in publications, promotional materials and web-based materials. I give my full consent for such use and waive any and all claims, liability or damages associated with those uses by the Kiwanis Family.

All participants must sign their individual waivers in order to attend the event. Please note that a typed signature (ie, your typed first and last name on the line that asks for your signature) IS NOT a valid signature. All participants who complete a waiver with a typed signature will be required to re-submit their waiver with a valid signature prior to the start of the event. Failure to do so may result in the inability to participate in the event.

**I am 18 years of age or older or a legally emancipated minor.
I agree and consent to the foregoing.**

Signature of participant

Date

Print participant name

Area code and telephone

Permanent street address

Permanent home city and ZIP

Emergency contact and relationship

Emergency contact phone number

Known Allergies

Regular medications

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING MUST BE SIGNED BY A PARENT OR GUARDIAN:

I consent and agree to the foregoing on behalf of the participant.

Signature

Relationship

Print name

Area code and phone