

## Safety Tips

For general or additional information, please call City Services at **3-1-1.**

### DOs

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#### Individuals:

- ✓ Wear gloves, thick-soled closed shoes, long pants and long-sleeved shirts
- ✓ Wear safety vests or bright colors for roadside cleanups
- ✓ Wear sunscreen and bug repellent
- ✓ Drink plenty of fluids and keep "quick energy foods" on hand
- ✓ Be aware of your surroundings and the potential hazards associated with them (e.g., passing cars, hazardous tree branches, poison ivy, broken glass, needles etc.)
- ✓ Use the "buddy system" ...work in teams of two or three to maximize safety
- ✓ Keep pre-moistened towelettes on hand and wash hands after the cleanup

#### Group Leader:

- ✓ Ensure Consent, Release and Waiver forms have been read and signed
- ✓ Be aware of all known allergies of volunteers before participation
- ✓ Know emergency procedures, such as the location of the nearest emergency facility and how to quickly summon the police or an ambulance
- ✓ Have a first aid kit and cellular phone on hand
- ✓ If possible, have someone trained in CPR and/or First-Aid on hand
- ✓ Provide adequate adult supervision if you involve youth 12-17 years in litter removal
- ✓ Provide 1 adult to supervise every 5 (or less) children under the age of 12

### DON'Ts

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- ✗ Don't pick up hazardous materials such as hypodermic needles, sharp objects, old car batteries, condoms, animal carcasses or other unidentified, questionable objects
- ✗ Don't overstuff bags
- ✗ Don't attempt to move large objects such as rusted car shells, old household appliances or swing sets on your own.
- ✗ Don't bring pets to events, as they may distract participants or even detract from the cleanup
- ✗ Don't enter swift moving water if doing a waterway cleanup
- ✗ Don't overdo it physically
- ✗ Don't bring alcoholic beverages or consume alcohol during a clean-up
- ✗ Don't schedule cleanups during peak pedestrian or traffic hours
- ✗ Don't conduct cleanups during extremely inclement weather
- ✗ Don't conduct cleanups near or around construction sites or heavy traffic areas

# Consent, Release and Waiver Form - Adult

**Warning! Please read carefully. One signed copy requested for each adult participant.**

**Group Name or Group Leader:** \_\_\_\_\_

I \_\_\_\_\_, desire to participate voluntarily in the City of Greater Sudbury's One-Time Clean Up Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE:

- a) that some of the activities I will undertake involve physical exertion;
- b) that some of the activities I will undertake involve the potential for injury, and exposure to broken glass, sharps, use of tools, lifting, etc;
- c) that while participating, I should use caution and wear appropriate clothing and protective equipment (gloves, safety vest);
- d) that it is my complete right and responsibility to decrease or stop should at any time I believe it to be unsafe to continue doing so and that it is my obligation to inform the program volunteers of my concerns or my symptoms;
- e) that there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of heart rhythm and, in very rare circumstances, heart attack or even death as well cuts, infections, bruises and broken bones;
- f) that there are risks, known and unknown, including a risk of injury, heart attack or even death as a result of my participation, but knowing those risks, it is my desire to participate as indicated herein;
- g) that by participating in the Program, I am assuming full responsibility for ALL OF THE RISKS associated with participation in this Program;
- h) that participation in the Program is voluntary and that I am free to withdraw from the Program or participation at any time; and
- i) that I will withdraw from participating in the Program should I experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my health.

IN CONSIDERATION OF my acceptance into the Program and by signing this Consent, Release and Waiver Form I, for myself, my heirs, executors, administrators, successors and assigns, release, waive and forever discharge the City of Greater Sudbury and all of its elected officials, employees, agents, servants and sponsors, successors and assigns (hereinafter referred to as the "Released Parties") of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property however caused, arising by reason of my participation in this Program, or in any activities associated with this Program, notwithstanding that some may have been contributed to or occasioned by the negligence of the Released Parties.

I have read, understood and agree to the terms and conditions of the Consent, Release and Waiver Form and the Safety Tips

in their entirety on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant (Signature)

\_\_\_\_\_  
Participant (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Phone Number

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Witness (Print Name)

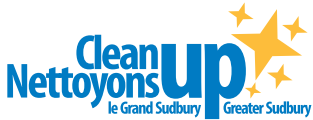
\_\_\_\_\_  
Date

Personal information on this form is collected under the authority of section 10 of the Municipal Act, 2001, S.O. 2001, c.25 and will be used to enroll the participant in the City of Greater Sudbury's Clean Up Programs. Questions **about the collection of your information** may be directed to the Manager of Collection and Recycling at P.O. Box 5000, Station A 200 Brady Street, Sudbury, ON P3A 5P3 or by calling 3-1-1.

For general or additional information,  
please call City Services at

**3-1-1.**





# Consent, Release and Waiver Form - Youth

**Warning! Please read carefully. One signed copy required for each youth participant.**

Group Name: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

I \_\_\_\_\_, (name of Parent/Guardian) am authorized and request to have \_\_\_\_\_ ("my child"), date of birth: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ participate in the City of Greater Sudbury's One Time Clean Up.

This form is to be completed by the parent or legal guardian of any youth that is under 18 years of age. Adults 18 years of age or older should complete the Consent, Release and Waiver Form for adults on the previous page.

**I UNDERSTAND, AGREE AND ACKNOWLEDGE:**

- a) that some of the activities my child will undertake involve physical exertion;
- b) that some of the activities my child will undertake involve the potential for injury and exposure to broken glass, sharps, use of tools, lifting and other possibly harmful substances;
- c) that while my child is participating, my child should use caution and wear appropriate clothing and protective equipment (gloves, safety vest, and proper footwear as supplied and or recommended by the Group Leader;
- d) that during my child's participation, it is my child's complete right and responsibility to decrease or stop participating at any time my child believes it to be unsafe to continue doing so and that it is my child's obligation to inform Program volunteers of my child's concerns or symptoms;
- e) that while participating there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of the heart rhythm and, in very rare circumstances, heart attack or even death as well as cuts, infections, bruises and broken bones;
- f) that while participating there are risks, known and unknown, including a risk of infection, injury, heart attack or even death as a result of my child's participation, but knowing those risks, it is my desire to have my child participate as indicated herein;
- g) that choosing to have my child participate in the Program brings with it the assumption by me and by my child of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY to instruct my child about these RISKS and the choices available to him or her;
- h) that my child is free to withdraw and I am free to withdraw my child from the Program at any time. I agree to voluntarily withdraw my child from the Program if my child begins to experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my child's health; and
- i) that I will review the Safety Tips with my child and ensure my child's understanding of the Safety Tips.

I WARRANT that my child is physically, mentally and emotionally fit to participate in the Program.

The Parent/Guardian shall inform the Group Leader of any allergy or medical condition and supply him/her with any medication or devices and instructions associated with the medication or devices in the event that my child requires treatment.

IN CONSIDERATION OF the acceptance of my child in the Program and by signing this Consent, Release and Waiver Form for myself (or for a child that is under 18 years of age) I, for myself, my heirs, executors, administrators, successors and assigns, release, waive and forever discharge the City of Greater Sudbury and all of its elected and non-elected officials, employees, agents, servants and sponsors, and successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property however caused, arising by reason of my participation in this Program, or in any activities associated with this Program, notwithstanding that same may have been contributed to or occasioned by the negligence of the City of Greater Sudbury, its elected or non-elected officials, employees, agents or servants.

I have read, understood and agree to the terms and conditions described in this Consent, Release and Waiver Form and the Safety Tips in their entirety on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____ Parent/Legal Guardian Signature	_____ Parent/Legal Guardian (Print Name)	_____ Date
_____ Parent/Legal Guardian Phone Number	_____ Parent/Legal Guardian Cell Phone Number	
_____ Witness Signature	_____ Witness (Print Name)	_____ Date
_____ Emergency Contact Person (Print Name)	_____ Emergency Contact Person's Cell/Home Phone Number	_____ Emergency Contact Person's Work Phone Number

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