



Stockton University 3rd Annual Community Day Cleanup – Saturday, April 27th, 2024 Volunteer Registration Form

Affiliation

- Stockton Student: _____ Stockton Faculty: _____
- Stockton Staff: _____ Stockton Alumni: _____
- Community Member Community Organization: _____

Cleanup Location Preference

<input type="radio"/> Ward 1-Northeast Inlet	<input type="radio"/> Ward 1-Bungalow Park	<input type="radio"/> Ward 2-Orange Loop	<input type="radio"/> Ward 2-Beach
<input type="radio"/> Ward 3-Ducktown	<input type="radio"/> Ward 3-Westside	<input type="radio"/> Ward 4-Venice Park	<input type="radio"/> Ward 5/6-Chelsea/E. Chelsea
<input type="radio"/> NO PREFERENCE – Assign me where I am most needed			

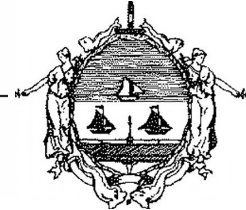
Are you an AC Resident or Employee? YES NO

If YES, please indicate which Ward you live/work within: _____

If NO, where do you live? _____

CITY OF ATLANTIC CITY

DEPARTMENT OF PUBLIC WORKS
 City Hall - Room 604
 1301 Bacharach Boulevard Atlantic City, NJ
 08401-4603 (609) 347- 5700
 Fax: (609) 347-6115



CLEAN COMMUNITY EVENT PERMISSION SLIP & WAIYER OF LIABILITY

Event Location(s): 2nd Annual Community Day Cleanup Event Beach and City-Wide Clean-Up originating and concluding at O'Donnell Memorial Park.

April 27, 2024, from 8:30am to 12:00pm in Atlantic City, New Jersey

Participant Name: _____ Male ___ Female ___

Name of Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Emergency Contact(s): _____

Phone: (H) _____ (W) _____ (C) _____

Please Indicate Medical Concerns/Allergies/Special Needs:

**RELEASE OF LIABILITY & PARENT/GUARDIAN'S
AGREEMENT/AUTHORIZATION/RELEASE:**

I understand that participation in the event activities/programs set forth above may carry inherent risks. I understand and acknowledge that participation in this event and activities/programs is purely voluntary, and participants should not participate in any activity beyond their physical or medical condition, which makes them uncomfortable, or which they consider unsafe. By way of this form, I authorize the staff providing/monitoring the activity to obtain medical/hospital treatment for the above participant in the event of an emergency, including medical transport, if necessary.

I hereby represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the above listed event activity/program, including transportation in approved vehicles and lodging if necessary. I acknowledge that if the City of Atlantic City has a policy for conduct in participation of this event and any associated activities/programs that I hereby agree that the participant is subject to said policies, including the disciplinary provisions of the policy.

I further give the City of Atlantic City permission to use the image albeit, in print, video, slide show or website of myself or that of my child/children or charge to promote City of Atlantic City and/or its' programming. I will not hold the City of Atlantic City responsible for any reproduction or any other form of use not intended for City of Atlantic City purposes,

By initialing the following box [] I opt out of the preceding provision and **do not** want to or give permission to have my image or that of my child, children or charge used.

I have read the above information and understand that I am responsible for any medical bills incurred because of accidents or injuries.

I, individually and on behalf of my child/ward, for any and all heirs and personal representatives, do hereby release and forever discharge the City of Atlantic City, as well as individuals and entities related to the City of Atlantic City, including but not limited to the City of Atlantic City's directors, officers, employees, agents, principals, attorneys, and successors and all persons acting by, through, under or in concert with any of them from any and all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injury sustained by me or my child as a result of his/her participation in this Event and associated activities/programs,

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

Signature of Participant or Parent/Guardian if participant is under 18

Date