City of Rockville, Maryland

Rockville Weed Warrior Program (Pilot)

Informed Consent; Liability and Hold Harmless; Publicity Permission

I understand that on one or more occasions I (my child) will be performing invasive plant removal work as part of the City sponsored Rockville Weed Warrior Program. Said work will be performed under the auspices and direction of the above-mentioned Weed Warrior Leader(s) participating in the Rockville Weed Warrior Program. I have read, and am familiar with, the Rockville Weed Warrior Program Conditions and Safety Guidelines provided to me by the Weed Warrior Leader(s) and agree to comply with said conditions and guidelines. I understand that invasive plant removal activities have a potential risk of injury. I agree that I (my child) will only perform those activities that I am (my child is) capable of doing and able to do, and I acknowledge and assume the risks of all such activities. I understand that participation in invasive plant removal activities is strictly voluntary and that I (my child) may cease the volunteer activity at any time.

I agree that I will not hold the Weed Warrior Leader(s) or the Mayor and Council of Rockville or any of its agents, officers, employees, or representatives responsible for any damage or injury to me (my child) or my (my child's) property as a result of my (my child's) volunteer participation in the Rockville Weed Warrior Program. I further agree to release, indemnify and hold harmless the Weed Warrior Leader(s) and the Mayor and Council of Rockville and all of its agents, officers, employees, representatives, successors and assigns from any and all damages, claims and/or liability arising out of my (my child's) activities as a volunteer invasive plant removal participant in the Rockville Weed Warrior Program.

I give permission to the City of Rockville to include me (my child) in any video productions or photographs that are made to document or publicize Weed Warrior activities.

Special COVID-19 Safety Requirements: I agree to follow the guidelines below to protect other volunteers, employees and the public with the goal of reducing potential COVID-19 exposures.

- I agree to stay home when sick.
- I agree to practice physical distancing of at least 6 feet from others.
- I agree to supply and wear a face covering. (Face coverings may be removed while working outdoors and maintaining physical distancing of at least 6 feet from others.)
- I agree to avoid sharing tools or equipment.

I have read, fully understand and agree to the above:

Signature of Volunteer:	Date:
Printed Name of Volunteer:	
Signature of Parent/Guardian:	_ Date:
(If under 18 years of age)	