Keep Edisto Beautiful
ADOPT A BEACH ACCESS

Name or Organization: ________________________________
Contact Name: ________________________________
Address: __________________________________________ Phone No.: __________
Email Address: __________________________________________
Beach Access No. ______________ Date: ______________

GUIDELINES

1. Keep access free of garbage
3. Monitor status of streetlights at beach access
4. Monitor status of signage at beach access
5. Monitor status of dog disposal station
6. Report maintenance issues-fence repairs, dangling limbs, etc. to https://www.townofedistobeach.com/report-problem

Complete and return to Kelly Moore at kmoore@townofedistobeach.com

No. of Bags of Garbage Collected ___________

Hazardous Conditions: Yes ☐ No ☐ Explain: ________________________________
Street Lights: Ok ☐ Out ☐ Pole Number: ____________________
Signs: Ok ☐ Need Repair ☐ Explain: ____________________
Dog Waste Disposal Station: Ok ☐ Need Service or Repair ☐ Explain: ____________________

Explain any maintenance issues found:

_________________________________________________

All volunteers must read the liability release and sign in the box below.

Individual Volunteer Liability Release

To the fullest extent permitted by law, in consideration of being permitted participation as Volunteer at any sponsored Keep Edisto Beautiful (KEB) activity, I, ________________________________, agree to the following:
1. I agree to indemnify, hold harmless, and defend Keep Edisto Beautiful, their directors, officers, employers, leaders, agents, successors, and assign, from any and all fault, liabilities, costs, expenses, claims, demands, and/or lawsuits arising out of, related to, or in any way connected with, any and all actual or alleged acts or omissions of me in the course of my participation as a Volunteer.

2. I further WAIVE AND FULLY RELEASE for myself and for my heirs, next of kin, assignees, personal representatives, administrators, and executors any and all rights and claims for damages, loss, costs, demands, and any other actions or claims whatsoever, which I may have or which may arise against Keep Edisto Beautiful, their directors, officers, employers, leaders, agents, successors, and assign, (including, but not limited to, damage to my property and/or any and all illnesses, personal injuries, including mental or emotional distress or anguish, and other damages, including death, suffered by me) which may in any way whatsoever arise out of, be related to, or be connected with my participation as a Volunteer, even if arising from the negligence of those persons released from liability. Keep Edisto Beautiful, their directors, officers, employers, leaders, agents, successors, and assign, shall not be liable for, and I, on behalf of myself and on behalf of my heirs, next of kin, assignees, personal representatives, administrators, and executors, expressly RELEASE said parties from any and all such claims and liabilities including, but not limited to, claims of actual or alleged negligence on the part of Keep Edisto Beautiful, their directors, officers, employers, leaders, agents, successors, and assign.

I affirm the following:

1. The risk of injury from volunteer activities is possible, including the potential for permanent disability and death, and while protective practices and personal discipline will minimize this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability herein, and assumes full responsibility for my participation; and
3. I, for myself and on behalf of my heirs, HEREBY RELEASE AND HOLDS HARMLESS Keep Edisto Beautiful, their directors, officers, employers, leaders, agents, successors, and assign, (collectively "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.

4. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTANDS THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Communication Release

I, _________________________ hereby waive any claim to the rights to the photographic recordings made of me by the Keep Edisto Beautiful. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording for purposes deemed suitable by the KEB. I hereby waive any right to approve the finished products.
I, ___________________________ hereby certify that I am 18 years of age or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization, and agreement, before entering my name and company into the appropriate fields below and warrant that I fully understand the contents thereof.

I, ___________________________ expressly agree that this agreement is intended to be as broad and inclusive as permitted by law and that if any provision of this agreement is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired. No remedy conferred by any of the specific provisions of this agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. The election of any one or more remedy hereunder by Releasees shall not constitute any waiver of their right to pursue other available remedies. This agreement binds Undersigned and my heirs, next of kin, assignees, personal representatives, administrators, and executors.

*If volunteer is under the age of 18, signature of parent or guardian is required.

Signatures

Please print your full name below.

__________________________________  _______________________
First Name                             Last Name

__________________________________
Signature                             Date

If you are a parent of guardian signing on behalf of a volunteer under the age of 18, please list the volunteer’s name here: