

City of Campbell's Keep America Beautiful
Registration/Liability Form

YES! Sign me up!!

Use this form when registering volunteers from the same household.

First Name: _____

Last Name: _____

Street Address: _____

City/State: _____

Zip Code _____

Daytime Telephone Number: _____

Email Address: _____

Number of Volunteers: _____

Names of Volunteers over 18: _____

Are any of the volunteers under the age of 18? _____

If yes, what are their name(s)? _____

If your child(ren) are under age 12, they must be accompanied by a parent or guardian.

I permit my child(ren) to participate in the City of Campbell's Keep America Beautiful event on Saturday, April 4, 2026. Check-in will begin at 8:30 a.m. with kickoff at 9:00 a.m. and run until 12:00 p.m. at the Campbell Community Center Running Track. I understand my child will be using tools that require some instruction and they will be shown how to properly use all equipment.

If an emergency occurs involving the above-named minor(s) and a parent/guardian cannot be reached, the undersigned authorizes the City's project coordinator or such substitute as he may designate, as an agent for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon, or dentist.

Signed by: _____ Relationship to Minor: _____

Address (if different from above): _____

Telephone Number: _____

By checking the box, you acknowledge you have read and agree to the liability release listed above.

Please send this form to publicworksmaint@campbellca.gov or bring this form to the check in table when you arrive for the Keep America Beautiful event.