

# 12th Anniversary Treasure Coast Waterway Cleanup July 27, 2019, 8:00am-12:30pm Registration Form



**Thank you for participating in 12th Annual Treasure Coast Waterway Cleanup!** The effort that you are making today is the initial step to seeing that our waterways are cleaner year-round. Please complete this form and identify the area you prefer to work.

## CONTACT INFORMATION (Each Individual / Team Member)

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

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Boat Name and LOA: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Team Coordinator / Captain: \_\_\_\_\_ [t-shirt size] \_\_\_\_\_

Team Members: (2): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_

(3): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_ (4): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_

(5): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_ (6): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_

(7): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_ (8): \_\_\_\_\_ [t-shirt size] \_\_\_\_\_

## CLEANUP SITE (select one):

**Martin County:** \_\_\_\_\_ Jimmy Graham Boat Ramp (Hobe Sound) \_\_\_\_\_ Sandsprit Park  
\_\_\_\_\_ Jensen Bch Causeway Ramp \_\_\_\_\_ Jonathan Dickinson State Park  
\_\_\_\_\_ Indian Riverside Park Boat Ramp (Indian River Dr) \_\_\_\_\_ Stuart Causeway Boat Ramp

**St. Lucie County:** \_\_\_\_\_ Veteran's Memorial Park @ Rivergate \_\_\_\_\_ River Park Marina @ Prima Vista  
\_\_\_\_\_ C-24 Canal Park \_\_\_\_\_ Causeway Cove Marina \_\_\_\_\_ Ft. Pierce Yacht Club  
\_\_\_\_\_ Harbortown Marina \_\_\_\_\_ Jaycee Park Boat Ramp \_\_\_\_\_ Manatee Center (aka Moore's Creek)  
\_\_\_\_\_ Pelican Yacht Club \_\_\_\_\_ Stan Blum Ramp  
\_\_\_\_\_ Smithsonian Marine Ecosystems Exhibit (So. Cswy. Isl) \_\_\_\_\_ White City Park Boat Ramp

**Indian River County:** \_\_\_\_\_ Riverside Park Ramp \_\_\_\_\_ MacWilliams Park Boat Ramp  
\_\_\_\_\_ Vero Beach Municipal Marina \_\_\_\_\_ Sebastian Main St. Ramp  
\_\_\_\_\_ Sebastian Inlet Marina \_\_\_\_\_ Wabasso Cswy. (SR 510) Boat Ramp

**Auxiliary Location** (state group and County): \_\_\_\_\_

**Divers:** \_\_\_\_\_ I am in participating in the Peck Lake Reef Dive Cleanup

Name specific region or tributary: \_\_\_\_\_

**Mail or fax completed form to MIATC, PO Box 1639, Stuart, FL, 34995, fax (772) 781-4240.**

**E-mail: [info@tcwaterwaycleanup.com](mailto:info@tcwaterwaycleanup.com) / (772) 285-1646**

# 12th Anniversary Treasure Coast Waterway Cleanup July 27, 2019 Liability Release Form



## Marine Industries Association of the Treasure Coast Treasure Coast Waterway Cleanup Waiver for Participation (please complete for each cleanup event)

Date: \_\_\_\_\_ Volunteer Group: \_\_\_\_\_

Volunteer Group Leader: \_\_\_\_\_

In consideration of the privilege of being allowed to take part in the Marine Industries Association of the Treasure Coast 12th Annual Waterway Cleanup, use the equipment and the facilities of the Association, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and/or on behalf of my minor child named below do hereby agree to indemnify and hold harmless the Marine Industries Association of the Treasure Coast, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action of whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to attorneys' fees arising out of, occurring during or relating to the use of the equipment, facilities, or participation in the Marine Industries Association of the Treasure Coasts 12th Annual Waterway Cleanup.

I further acknowledge and authorize the photograph and videotape and publication of such photographs and videotapes of myself and/or my minor child to promote or publicize the Marine Industries Association of the Treasure Coast 12th Annual Waterway Cleanup. I understand the physical requirements of participation in these activities and affirm that my child and/or I meet these requirements. I give permission for coordinators, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to myself and/or my child or damage to my property.

Participant (#1) Signature: \_\_\_\_\_

Participant (#2) Signature: \_\_\_\_\_

Participant (#3) Signature: \_\_\_\_\_

Participant (#4) Signature: \_\_\_\_\_

Participant (#5) Signature: \_\_\_\_\_

Participant (#6) Signature: \_\_\_\_\_

Participant (#7) Signature: \_\_\_\_\_

Participant (#8) Signature: \_\_\_\_\_

### PLEASE FOLLOW THE BASIC SAFETY RULES:

- ▶ Always wear closed toed shoes.
- ▶ Please examine all litter for sharp edges before picking up.
- ▶ Please provide adult supervision for all minors
- ▶ Hats, sunscreen, gloves and water are strongly suggested.
- ▶ Please heed all water quality warnings

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