

**FREE REFRESHMENTS!
EDUCATIONAL EXHIBITS!**

**FREE ELECTRONIC WASTE
RECYCLING AT EVENT
COURTESY OF eWASTE!**



**From
8am TO
1PM**

Join us on:

**SATURDAY, SEPTEMBER 20, 2008 FOR
UPPER NEWPORT BAY CLEANUP DAY!**

**PLEASE BRING A
REFILLABLE/REUSABLE
WATER BOTTLE**

**CALL 949.640.6772 FOR MORE INFO
CALL 949.640.9956 FOR WATER CLEANUP**

**Meet us at Cleanup Day Headquarters:
2301 UNIVERSITY DR., in NEWPORT BEACH**



UPPER NEWPORT BAY CLEANUP WAIVER

Participants First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Where are you reporting to (Check one):

- | | |
|---|---|
| <input type="checkbox"/> University / Irvine (Headquarters) | <input type="checkbox"/> Back Bay Science Center (Water Clean Up) |
| <input type="checkbox"/> Eastbluff / Back Bay Drive | <input type="checkbox"/> Bayview / Marriott |
| <input type="checkbox"/> Big Canyon | <input type="checkbox"/> Santiago / Constellation |
| <input type="checkbox"/> Back Bay Drive / Old Salt Dike | <input type="checkbox"/> Back Bay Drive / San Joaquin Hills |

The undersigned know of no physical disorder which should keep the above named from participating in this event. For themselves and the participant, if he/she is under 18, the undersigned waive any claim of liability against, and agree to hold harmless the United States Government, the State of California, the County of Orange, the City of Newport Beach, Orange County Council – Boy Scouts of America, the organizers of Upper Newport Bay Cleanup Day, and any officers, agents, and/or employees of any of them from any claim for injury to the participant arising out of or any way connected with the Upper Newport Bay Cleanup Event.

Further, if the participant should become injured while participating in the Upper Newport Bay Cleanup activity, the undersigned authorizes any physician or surgeon licensed in the State of California to perform any emergency or surgical treatment as in her/her sole judgment may be necessary.

Signature of Participant:

Date:

If participant is under 18 both a parent/guardian signature is necessary.

Parent/Guardian:

Date:

Emergency Phone Number:

ALL PARTICIPANTS MUST BRING A SIGNED WAIVER TO CLEANUP DAY!

For Office Use Only:

TIME IN:

TIME OUT: