



**MAGIC CITY**  
**BLIGHT BUSTERS**  
PUTTING THE MAGIC BACK IN OUR NEIGHBORHOODS

**Blight Mobile**  
Volunteer Waiver

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<b>Name</b>	<b>Organization (if applicable)</b>	
<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Home phone</b>	<b>Work phone</b>	<b>E-mail</b>

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ACKNOWLEDGEMENT, WAIVER, AND RELEASE

**This form must be signed by each volunteer who will participate (Participant) in or be involved with the Magic City Blight Busters (Program). Volunteers under age 18 must have this form signed by a parent or legal guardian.**

I ACKNOWLEDGE and UNDERSTAND that I will be participating in the *Program* at my own risk. I affirm that I am physically fit and prepared to perform services in the *Program*. I will not create an unsafe situation for other individuals, myself, nor will I use any tool or engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state, and local laws, as well as the rules and directions of *Program* coordinators. If I see any situation that I feel is unsafe, I will call it to the attention of a *Program* coordinator.

Finally, I hereby grant Magic City Blight Busters full and complete permission to use in legitimate promotions of the *Program* photographs, videos, and quotations from me.

**THANK YOU FOR VOLUNTEERING!**

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Signature of *Participant*/Parent or Legal Guardian of *Participant*

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Printed Name of *Participant*

Date