



COBB TREES PROGRAM
Parental Consent and Release of Liability

In consideration of my child(ren), _____,
being allowed to participate in the COBB TREES Program by the County of Cobb, Georgia, I
acknowledge that working in the vicinity of the streets and roads, using digging equipment such as
shovels, and use of physical labor, can be hazardous activity.

Nevertheless, I grant permission for my child to participate in this activity and assume all the risks
associated with this work. I waive all claims for damages against the Keep Cobb Beautiful, the State
of Georgia, the County of Cobb and against its officers and employees for injury to my child's person
or property, including death and destruction, which may arise from this activity.

I release the Keep Cobb Beautiful, State, County and City, and its officers and employees and agree
to hold them harmless from any such liability.

Keep Cobb Beautiful, Inc. and Cobb County Government has my permission to use all photos taken
of my child at all sponsored events in television, publications, brochures and on the County website.

This agreement shall remain in force until I revoke it in writing.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Parent or Guardian Phone Number

Email address