

**CLARK COUNTY WASTE MANAGEMENT DISTRICT
ADOPT-A-ROAD/ADOPT-A-SPOT PROGRAM
Application**

Please indicate (by circling) if this permit is for Adopt-A-Road or
Adopt-A-Spot Program

DATE: _____

NAME OF VOLUNTEER GROUP: _____

NAME OF CONTACT PERSON: _____

ADDRESS OF CONTACT PERSON: _____

STATE: _____ ZIP: _____

HOME PHONE NUMBER () _____

WORK PHONE NUMBER () _____

SECTION OF ROADWAY/SPOT* BEING ADOPTED: _____

NAME OF GROUP/ORGANIZATION TO APPEAR ON SIGN: _____

***Adopt-A-Road: collect litter and other debris from a two mile designated section of roadway four times a year for a period of at least two years.**

***Adopt-A-Spot: collect litter and other debris from a bike trail, school grounds, abandoned lot, or other public area four times a year for a period of at least two years. (The CCWMD will evaluate areas based on City of Spfld./County definition of abandoned lot, public area etc.)**

TERMS AND CONDITIONS:

The CCWMD agrees to provide the following:

1. Place signs to identify Group and Program.
2. Provide trash bags.
3. Pick-up and dispose of collected litter and debris by our P.R.I.D.E. crew.
4. Provide reflective vests, work gloves and grabbers.
5. Provides Insurance Coverage

Adopting Group agrees to:

1. Purchase sign for Group identification (if contract if not completed by adopting group).
2. Collect litter and other debris as stated in the above definition of Adopt-A-Road/
Adopt-A-Spot guidelines.
3. Reflective vests must be worn by all volunteers on clean-ups.
4. Contact the CCWMD office to **schedule clean-ups**.
5. Provide to the CCWMD Parental Consent Forms (available from the District) if the child is a minor before clean-up can take place.
6. Return Adopt-A-Road/Adopt-A-Spot materials in a timely manner after clean-up has been completed.
7. Adopting group agrees to comply with all federal, state and local laws, regulations and rules, including but not limited to all provisions of the federal and the State of Ohio Equal Opportunity Act and related provisions prohibiting discrimination on the basis of race, color, sex, religion, national origin, disability, age, or national origin.

ACCEPTANCE, REJECTION, TERMINATION

The Clark County Waste Management District reserves the right to accept or reject any application from any group or individual for any reason determined by the CCWMD. Further, if accepted, the CCWMD reserves the right to terminate the involvement of any group or individual in the Adopt a Road/Adopt a Spot program at any time by giving written notice to the group or individual.

RELEASE AND INDEMNIFICATION

The Permittee or anyone working in concert with the Permittee agrees the Clark County Waste Management District and any of its members, employees, agents, officers, and consultants shall not be liable for, and agrees to indemnify and hold Clark County harmless against, any loss, claim, cause of action, damages, liability or expense arising out of the operation of this Permit. In no event shall the Permittee be considered agents or employees of the Waste Management District.

The Permittee is hereby warned of personal liability for injuries and damages and it is required that the activities to be performed under this Permit be covered by liability insurance.

Printed Name

Signature

Please mail to: Clark County Waste Management District
1602 W Main Street, Springfield, Ohio, Attn: Linda

Office Use Only:

Application Received: _____

Sign Installed: _____

3/2005

**PARENTAL CONSENT FORM
FOR THE CLARK COUNTY WASTE MANAGEMENT DISTRICT
ADOPT-A-ROAD/ADOPT-A-SPOT PROGRAMS**

I, _____, give permission for my
minor child(ren) _____ to participate in the
Adopt-A-Road/Adopt-A-Spot program.

I understand that he/she will be working to help clean up litter in the adopted section or roadway/spot. I understand that there will be possible exposure to traffic, weeds, debris and other potentially injurious situations while performing this task. I will require that my child(ren) wear a reflective safety vest, work gloves, and sturdy shoes and dress appropriately for a day outside. I will also make sure they read the recommended safety tips provided by the District for this program.

I will in no way hold the Clark County Waste Management District or its officers, agents, or employees responsible for any accidents which occur to my child(ren),

_____.

I understand photographs may be taken periodically and may be published for promotional use.

Parent/Guardian Signature

Date