



Town of Collingwood  
 545 Tenth Line North  
 Collingwood, ON  
 Ph: 705-445-1292 Fax: 705-445-1286  
[www.collingwood.ca](http://www.collingwood.ca)

**ADOPT-A-ROAD PROGRAM  
 VOLUNTEER LITTER PICKUP  
 AGREEMENT**

**ADOPT-A-ROAD**

**MINOR PARTICIPATION PERMISSION FORM**

*This form must be completed for each volunteer under the age of 18 years of age prior to participation in the program and must be kept on file with the Town of Collingwood and the Volunteer Group Leader.*

Name of Minor: \_\_\_\_\_

Volunteer Group/Organization Name: \_\_\_\_\_

Stretch of Road: \_\_\_\_\_

The **ADOPT-A-ROAD Program** allows volunteers young and old to contribute toward the effort to control litter and enhance roadside and neighborhood appearance.

Volunteers are informed and acknowledge being advised that working adjacent to a roadway can be a hazardous activity which can cause injury to a person or property. Volunteers agree they shall exercise due care and caution in performing litter pickup activities, Volunteers further acknowledge they have received safety instruction that includes review of the **ADOPT-A-ROAD Safety Guidelines for the Town of Collingwood** prior to participating in any cleanup activities.

Volunteers shall wear the safety vests and any appropriate protective clothing at all times during the road cleanup.

***By signing below I certify that:***

The above named minor child is participating under control of the Volunteer Group or Organization and not under the Town of Collingwood. I understand and agree that the above names will abide by the **ADOPT-A-ROAD Safety Guidelines for the Town of Collingwood.**

I agree to release and forever discharge Town of Collingwood, its agents, employees and officials from any and all liability whatsoever for damages or injury resulting from participation in this program.

***PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY***

As Parent/Legal Guardian I, (print name) \_\_\_\_\_ hereby grant my permission for the above names minor child to participate in the **ADOPT-A-ROAD Program**. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury. On behalf of myself and the minor child above I agree to release and forever discharge Town of Collingwood.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_