



Town of Fountain Hills ADOPT-A-STREET PROGRAM Waiver Form

Application is made by the undersigned to participate in an Adopt-A-Street pickup within the road right of way.

Name of Organization/Group _____

Street Name _____ From _____ To _____

Date of Pickup _____

By signing, Individuals agree as follows:

I understand that no medical insurance is provided for Town of Fountain Hills activities and agree to assume the risk for any injury related to the participation of my dependents and myself. I agree to make no claims against the Town of Fountain Hills or any of its officers, employees, or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am, and my dependents are, physically able to participate in this activity. I consent to any medical treatment my dependents or I may need while involved in this activity and I agree to pay for it. I realize that the Town of Fountain Hills is not responsible for lost and stolen articles.

WAIVER: The Permittee, all its participants, or where the permittee is a minor, his/her parent or guardian, hereby waives the right to any claim for any damages or injury of any kinds accruing to the permittee or to any participant arising out of, or as a result of, the use of this permit, except said waiver does not extend to any such claim which is caused by the sole negligence of the Town or its officers and employees.

THE UNDERSIGNED PARTIPANTS, PARENTS, OR GUARDIANS HAVE READ AND AGREED TO THE CONDITIONS STATED ABOVE:

SIGNATURE	DATE	SIGNATURE	DATE

BAG PICKUP REQUIRED? _____ YES _____ NO