



Adopt - A - Street
Request Form

Name of Group: _____

Team Contact: _____

Last

First

Phone

Address

Email

Participant Names:

Include ages if under 18

_____	_____
_____	_____
_____	_____
_____	_____

Top Three Location Choices: (List street name from intersection to intersection.)

1. _____
2. _____
3. _____

Length of Commitment: (please circle **3 Months** **6 Months** **12 Months**)

Please list the anticipated date of your event and a brief description, if possible. _____



Requirements

- Once an Adopt-a-Street proposal is approved, the group may arrange a time to pick up and their supplies for each volunteer, prior to each clean up event. Supplies consist of trash bags, safety vests and latex gloves. The Adopt-a-Street Coordinator will continue to work with the contact person from your group.
- Following each clean up event the adopting group will contact the Adopt-a-Street Coordinator by email or phone to send notification if collected trash needs to be picked up by the City for disposal.
- Following each clean up the group's contact person will submit a Cleanup Report detailing the date and location of clean up and the number of volunteers.

All participants signed the Hold Harmless & Photo Waiver

For more information call Public Works at 636-327-5102.



HOLD HARMLESS & PHOTO RELEASE

This agreement entered into on the _____ day of _____, 20__ by (participant name) _____ of the county of St. Charles, City of Wentzville and the State of Missouri agrees to defend, indemnify, and hold harmless the City of Wentzville and cleanup site property owners, its agents, servants and employees from and against any and all claims of any nature whatsoever for damages, including damages or loss to personal property, personal injuries and death resulting from, in connection with, because of, or in any way related to the organizations resulting from volunteer litter cleanup and beautification projects. I also authorize any photos or videos taken of myself, and/or the participant(s), to be used in any publicity or promotional materials.

AMERICAN DISABILITIES ACT

Any participant requiring special assistance should inform staff at registration.

Thank you for your participation!

Participant Name (PRINT)

Address, City, Zip

Participant Signature (Parent/Legal Guardian if a minor)

Phone



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