Pend Oreille County Adopt A County Road Program

REGISTRATION FORM

SIGN, DATE & RETURN this page to Pend Oreille County Solid Waste

Name of Participant: __________________________________________

Address: __________________________________________ Telephone Number: ________________________________

City, State: __________________________________________

Person to notify in case of emergency: ___________________________ Relationship: __________________________

Address: __________________________________________ Telephone Number: ________________________________

City, State: __________________________________________

WARNING! PLEASE READ CAREFULLY

Participants in the Pend Oreille County Public Works Solid Waste Department Adopt-A-County Road Program are advised that working adjacent to a County road is a VERY DANGEROUS ACTIVITY, with risks of serious injury or even death. Each participant is further advised that the risk of harm is present even if all safety precautions are followed.

Each participant shall be 18 years of age or older. Each participant shall exercise due care in performing litter pick up activities. Participants must receive safety training provided by the Grantee Organization utilizing materials and training aids furnished by the County prior to participating in any cleanup activities. Participants shall wear a hard hat and vest furnished by the Organization and appropriate protective clothing during cleanup activities.

PARTICIPANTS ARE AGAIN ADVISED THAT THE SAFETY PRECAUTIONS DESCRIBED ABOVE DO NOT GUARANTEE THEIR SAFETY WHILE A PARTICIPANT IS IN THIS PROGRAM.

By my signature below, I acknowledge that I have read this form completely, and I understand the responsibilities, the hazards and the privileges of participation in the Adopt-A-County Road Program. My participation in this program is voluntary, and I agree to accept the risks connected with this activity, and further agree on behalf of myself, my heirs and assigns to hold harmless Pend Oreille County and its employees from liability for damages, including injury or death resulting from participation in this program.

Signature of Participant: ________________________________ Date: ______________

Return this form to: Pend Oreille Solid Waste, 625 West 4th Street, Newport or mail it to:

Pend Oreille County Solid Waste, P.O. Box 5041 Newport, WA 99156-5041