



Adopt A Street Registration Form

Designated Street Segment

Name of Organization	Date
Name of Participant	Email
Address	Phone
Person to Notify in case of Emergency	Relationship
Address	Phone

The City of Oak Harbor's Adopt A Street Program allows volunteers to enhance the appearance and reduce the trash and pollution along city streets and waterways. Participants are advised that working next to a street can be hazardous and shall exercise due care in performing litter pick up activities. Participants must receive safety training prior to any clean up activities. Participants shall wear hard hats and safety vests provided by the City as well as protective clothing while volunteering.

Participants are entitled to receive full coverage for medical treatment necessitated by an injury incurred during participation in Adopt A Street Program under the Medical Aid Provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time due to injury or illness or for lasting disability or death.

By signature below I verify that I am a volunteer, 15 years of age or older, have viewed the Adopt A Highway Safety Video and read the Adopt A Highway Safety Tips Brochure. I also understand the right, responsibilities, and privileges of participation in the Adopt A Highway Program, and agree to hold harmless the City of Oak Harbor, its past and present council members, elected officials, managers, employees, agents, affiliates, assigns and successors and any person acting on its behalf, from any and all claims that may be brought by or on behalf of me, my descendants, ancestors, dependents, heirs, executors, administrators, assigns, and successors, or each of them, that arise from the performance of my participation in this program, except for those claims for injuries or damages by third parties or caused by the sole negligence, gross negligence, recklessness or intentional acts of the City of Oak Harbor.

I, the volunteer, agree to perform only those duties assigned to me by the division, and that I am capable of performing the duties as assigned to me by the division, with or without accommodation. I will not participate in the program while under the influence of any drugs, or alcohol, or in any physical or mental condition that may impair my ability to safely complete assigned tasks.

Signature of Participant
Signature of Parent or Guardian if Participant is under the age of 18 years