

Applicant Information

First Name		Last Name	
Organization/Team Name Representation			
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number	Mobile Number	Email	

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Adoption Time Period (Minimum three years)
Name of Preferred Location (1 st Choice)
Name of Preferred Location (2 nd Choice)

HYfa g & Conditions

An Adopt-A-Park sign with your team, recognizing your commitment and efforts to your neighborhood, community park or trail will be displayed for the adopting period.

I have read the Adopt-A-Park or Trail Policies & Procedures and Agree with Terms/Conditions and have completed the Waiver. Yes No

Applications can also be submitted to the Parks & Recreation Office at Sarnia City Hall.
 For more information call Parks & Recreation (519) 332-0330 ext.3210 or email parksandrecreation@sarnia.ca;

Signature	Date (yyyy-mm-dd)
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For Office Use Only

Approved: Initials _____	Adoption Period: _____	Date Received: _____	Sign Ordered Date: _____
Approved: Park Staff Initials _____	Site Meeting: _____	Location Determined: Y__ N__	Date Installed: _____


Adopt A Park

Sarnia Parks and Recreation


**Bluewater
TRAILS**

Informed Consent and Waiver

The City of Sarnia provides varied opportunities for citizens who want to volunteer their services to the community. We want our volunteers to experience these opportunities safely and comfortably while recognizing that participation in any activity entails risks. Please ensure that you and your group have been provided with safety guidelines as supplied by Parks and Recreation Staff before you visit your designated trail or park.

I, the undersigned, do hereby acknowledge that I intend to participate in the following volunteer activity at the following location(s):

<p>Volunteer Activity</p> <p>Monitoring public parkland and trails for vandalism, hazards, graffiti, and litter. Provide routine monitoring of your Park and report any maintenance requirements or issues directly to the Parks & Recreation Department.</p>
<p>Trail or Park Name</p>

I realize that participation in this activity may bring the possibility of damage to property, or injury or loss to myself. I accept this risk regardless of the nature of the injury, loss, or damage.

I agree that participation in the activity and use of any equipment is at my own discretion of judgment, based on my own experience and competence level.

I acknowledge that I will receive no remuneration, salary, or payment, or any employee benefits from the City whatsoever and I will not be covered by the City's Workplace and Safety Insurance Board benefits.

I have read the above and agree that by participating I am doing so of my own free will and judgment and I am personally assuming responsibility for any injury to myself or loss or damage to my property as a consequence of these activities or resulting from any other reason including negligence and hereby release and hold harmless the Corporation of the City of Sarnia, their officers, agents, employees and volunteers.

Signature	Date (yyyy-mm-dd)
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