



Adopt a Street Application *(Individual adult participant)*

Instructions

Please review the Adopt a Street Program Guide, then fill out this application form. Return completed forms **(including the risk, waiver and indemnity agreement)** to:

Parks and Public Works Division, City of Port Moody
Attention Donna Bucsis
3250 Murray Street, Port Moody, B.C.

The Adopt a Street Coordinator will contact you to confirm participation in the program.

Contact Us!

Donna Bucsis
Adopt a Street Coordinator
Port Moody Works Yard
3250 Murray Street, Port Moody
Phone: 604.469.4742
Email: dbucsis@portmoody.ca

Contact Information		
First Name:	Last name:	
Address:		
Daytime phone:	Evening phone:	
Cell:	Email:	
Preferred communication method:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email <input type="checkbox"/> Text message

Emergency Contact		
First Name:	Last name:	
Daytime phone:	Evening phone:	Cell:
Relationship:		

Preferred Adoption Location
<i>Please be as detailed as possible, in terms of street names, location, number of blocks and whether you wish to adopt one or both sides of the street</i>
First Choice:
Second Choice:

How did you hear about the Adopt a Street program?
<input type="checkbox"/> Local Newspaper <input type="checkbox"/> City Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other:

Risk, Waiver and Indemnity Agreement

By signing this Agreement, you waive certain legal rights, including the right to sue. **Please read carefully.**

To: The City of Port Moody, its officers, directors, employees, and volunteers (“The City”)

Adopt a Street Program Requirements

I confirm that I am 19 years of age or older.

I confirm that I have read the Overview of the City of Port Moody's Adopt a Street Program ("Overview") and the Adopt a Street Safety Guide ("Safety Guide"), understand that they are the terms and conditions of my participation in the City of Port Moody's Adopt a Street (“Program”) and I agree to adhere to such terms and conditions.

I agree to take care to minimize the risks associated with the Program and while participating in the Program, I will wear a safety bib, gloves, and appropriate footwear and to use equipment, tools and materials provided by the City. I will promptly notify the City in the event I am injured or property is damaged while I am participating in the Program.

I understand that I am free to withdraw from or reduce my participation in the Program at any time.

Awareness and Assumption of Risk

I acknowledge that there are dangers, risks and hazards associated with participation in the Program including, but not limited to, the risk of injury, contact with dangerous debris, slips or trips and falls on slippery or uneven surfaces, and collision with passing traffic, and freely accept and assume all dangers, risks and hazards associated with the Program. I understand that the City's workers' compensation coverage does not apply to me as a volunteer and that the City's insurance covers only basic contingent accident medical coverage for volunteers.

Waiver of Claims, Release of Liability and Indemnity Agreement

In consideration of the acceptance of my registration and participation in the Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf:

1. Covenant not to sue and hereby waive, release and discharge the City, and anyone acting for or on the City's behalf, from any and all claims of liability for injury, loss or damage of any kind or nature, arising out of or sustained in the course of my participation in the Program. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under the Occupier's Liability Act).
2. Hold harmless, release and indemnify the City from any and all liability for any loss, damage, injury or expense that I may suffer or that any of my dependants may suffer as a result of the Program due to any cause whatsoever including, without limitation, negligence, breach of contract or breach of any duty of care under the Occupiers Liability Act (British Columbia) or other enactment on the part of the City.

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Signature of Participant:	
Print Participant's Name:	Date signed:

Signature of Witness:	
Print Witness' Name:	Date signed:

Address:

City:

Postal Code: