

Instructions

Please review the Adopt a Street Program Guide, then fill out this application form. Return completed forms (including the parental risk, waiver and indemnity agreement, **which must be signed by a parent or guardian)** 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.

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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:		
Name of Parent or Gu	ardian:				
Address:					
Daytime phone:			Evening phone:		
Cell:			Email:		
Preferred communicat	tion method:	☐ Phone	☐ Email	☐ Text message	
Emergency Contact					
First Name:			Last name:		
Daytime phone:		Evening phone:		Cell:	
Relationship:					
Preferred Adoption L	_ocation				
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					
First Choice:					
Second Choice:					
How did you hear about the Adopt a Street program?					
☐ Local Newspaper	☐ City Newsletter	☐ Website	☐ Social Media	☐ Other:	

Parental 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 am the parent or legal guardian of		who is		years of age
	(youth's name here)		(age)	

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") and discussed it with my child. We understand that they are the terms and conditions of my child's in the City of Port Moody's Adopt-a-Street ("Program") and we agree to adhere to such terms and conditions.

My child knows that he/she must take care to minimize the risks associated with the Program and while participating in the Program, my child knows he/she must 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 my child becomes injured while he or she is participating in the Program.

I understand that my child is free to withdraw from or reduce his or her participation in the Program at any time.

Awareness and Assumption of Risk

I acknowledge that participation in the Program may expose my child to certain dangers, risks and hazards 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 my child 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 child's registration and participation in the Program, I hereby for myself, my child, my heirs, executors, administrators or any others who may claim on behalf of my child:

- 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 child's 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 my child 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 Parent/Guardian:	
Print Parent/Guardian's Name:	Date signed:
Signature of Witness:	
Print Witness' Name:	Date signed:

ddress:	City:	Postal Code:
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