

Adopt A Waterway Enrollment Form

ADOPTING ORGANIZATION INFORMATION

Adopting Organization Name (Please Print): _____

Approximate number of organization volunteers: _____

Name of Designated Representative (Please Print): _____

Phone Number: _____

E-mail address: _____

Full Mailing Address: _____

Name of Alternate Contact Person (Please Print): _____

Phone Number: _____

E-mail address: _____

Full Mailing Address: _____

ADOPTION INFORMATION

Name of Waterway: _____

Location: _____

Planned waterway activities: (please check all that apply):

- Trash/Debris pickup
- Restoration
- Improvement
- Other (Please Specify): _____

Statement of Agreement

I have read and agree to abide by the policies and regulations as set forth by the City of St. George with regard to the Adopt A Waterway Program. As the Adopting Organization's Designated Representative, I am responsible for informing the members of the organization of all risk and release provisions. All member volunteers are required to provide to the Adopt A Waterway Coordinator a signed Volunteer Risk and Release Agreement prior to the cleanup event.

Signature of Designated Representative

Date