

Adopt Downtown Program Agreement Form

The Town of Waxha	aw and			(VOLUNTEER
name of individual,	business,	or organization)	recognize the	need and	the desire for
clean and litter-free	Downtow	n Waxhaw.	_		

The Town of Waxhaw Adopt Downtown Program has been established for community organizations, private businesses, and concerned citizens to be a VOLUNTEER in seeking to contribute to the effort of maintaining a cleaner and more beautiful Waxhaw. The purpose of the Adopt Downtown program is to encourage community residents and organizations to keep the Downtown clean and litter-free. The adopted block is to be cleaned no less than every 3 months in an effort to maintain a healthy environment and to produce feelings of pride in our Town.

I/We assume all responsibilities for, and risk and hazard of, participation in the Activity, I/We hereby release and forever discharge the Town of Waxhaw, the Town of Waxhaw Development Services Department and their respective officials, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as result of my/our/his/her participation in the Activity and all programs incidental to the Activity. I hereby give the Town of Waxhaw ("Town") permission to take photographs of me or photographs in which I may be involved with other without compensation to me. These photographs may be used by the city for promotional and information purposes in print, on the Town website and in other media.

The Town of Waxhaw recognizes the undersigned VOLUNTEER as the adopting organization for

Name of Block

The VOLUNTEER agrees to pick up litter at least every 3 months (or mat their adopted block beginning, 20, and er, 20 Contract commitment is for a minimum	
, 20 Contract commitment is for a minimum	of 1 year with an
option to review for successive periods of 1 years.	•
Signature of VOLUNTEER	
Printed name of VOLUNTEER	
Parent Signature (if VOLUNTEER is ages 16 & under)	
Signature of ALTERNATE CONTACT	
Printed name of ALTERNATE CONTACT	
Title of Organization or Business (if applicable)	
Date	
Address	
Phone	
Email	

Note: For all student groups or organizations, one contact person must be a school advisor for the group or organization.

This agreement is valid and approved only upon review and execution by the Town of Waxhaw. Renewal periods are valid only upon review and approval by the Town of Waxhaw.

Contract Number:	
Beginning Date:	Ending Date:
Town of Waxhaw Authorized Signatur	re
· ·	
Printed Name	Date
WE AGREE TO:	
Monitor our block until we choose to terminate us due to lack of participat	no longer sponsor it or until the town decides to ion
Name of group/individual:(Please pri	int)
Signature:	
Contact information	
Address:	
Phone number:	
Email:	