

Shaping our community together

Adopt-A-Roadway Volunteer Release Waiver and Hold Harmless Agreement

The City of Lacey Adopt-A-Roadway program is for volunteers who donate their time to help keep the City clean. Participants are advised that working adjacent to a city street can be hazardous. Participants shall exercise proper care in performing litter collection activities. Participants must wear the safety hat, vest, and gloves furnished by the City and must wear appropriate protective clothing, such as long pants, long-sleeved shirts and thick-soled boots or shoes.

Participants may be entitled to receive full coverage for medical treatment required for injury incurred during participation in the Adopt-A-Roadway program under the medical aid provisions of the Worker's Compensation Act. The Worker's Compensation Act is administered by the Department of Labor and Industries and does not compensate for loss of time because of injury or illness, or for lasting disability or death.

As a volunteer for the City of Lacey, I agree to follow all of the rules outlined in the Adopt-A-Roadway program policy. I acknowledge that City personnel will provide direction and limited supervision regarding my duties as a volunteer. I will use all provided equipment appropriately and follow all safety practices.

I am aware that the work contemplated in the Adopt-A-Roadway program involves certain risks of physical injury and death. Being fully informed as to these risks and in consideration of being given the privilege to participate in the Adopt-A-Roadway program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program. I further hold harmless the City of Lacey, its officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program and I waive any right to bring claim or lawsuit against them for any such injury, damage, or death. Furthermore, I agree to hold harmless, defend, and indemnify the City of Lacey, its officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the Adopt-A-Roadway program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature of Participant		Date
Print Name	Social Security #	

(SSN only needed if you want insurance in case of accident.)