



ADOPT-A-STREET

CITY OF BELTON
520 main Street
Belton, MO 64012
816-331-4331
Fax: 816-322-4620
www.belton.org

Minor Participation Permission Form

Minor Volunteer Information:

Group Name: _____

Name of Minor Child Volunteer: _____

Name of Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Adopt-a-Street Location: _____ Date of Clean-Up Event: _____

This form must be completed for each volunteer under 18 years of age prior to participation in the program and a copy kept on file by the Volunteer Group Leader. The original must be submitted to the Public Works Department prior to the clean-up event that the Minor Volunteer will participate in.

The **Adopt-A-Street Program** allows volunteers young and old to contribute toward the effort to control litter and enhance roadside and neighborhood appearance.

Volunteers acknowledge being informed and advised that working adjacent to a roadway can be a hazardous activity which can cause bodily injury and or property damage. Volunteers agree they shall exercise due care and caution in performing litter pick up activities. Volunteers further acknowledge they have received safety instructions that would include review of the **Adopt-A-Street Safety Rules** prior to participating in any clean-up activities.

Volunteers shall wear the safety vests, furnished by the Public Works Department, and appropriate clothing during and all clean-up events.

By Signing below I certify that:

The above-named minor child is participating under control of the above-named Volunteer Group and not the City of Belton.

I understand and agree that the above-named minor child will abide by the **Adopt-A-Street Safety Rules**.

I agree to release and forever discharge the City of Belton, its agents, employees and officials from any and all liability whatsoever for damages or injury resulting from participation in this program.

PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As Parent/Legal Guardian I, (print name) _____, hereby grant permission for the above minor child to participate in the Adopt-A-Street program. I acknowledge, agree, and understand that participation in this program involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above, I agree to release and forever discharge the City of Belton.

Printed Name: _____ Signature: _____

Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Parent/Legal Guardian of the above minor child volunteer I, (print name) _____, hereby authorize qualified emergency medical personnel, including a physician and staff, to examine the above minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. Every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Printed Name: _____ Signature: _____

Date: _____