



**TOWN OF AVON
ADOPT - A - ROAD
LITTER CONTROL/RELEASE**

Group Leader	Organization/ Group Name
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Address	City	Zip	Phone
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Person (not participating) to be notified in case of an Emergency	Relationship
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Address	City	Zip	Phone
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BY SIGNING BELOW I AGREE:

1. That I have read and understand the Town of Avon Adopt-A-Road Guidelines for Participation;
2. That I am participating in the program solely as a volunteer and that I am not an employee, contractor or agent of the Town of Avon;
3. That I understand and willingly accept the risks involved in participating in this program, and that I release the Town of Avon, its officers, employees and agents, from any claims I might otherwise have, now or in the future, for any injuries, harm or damages I may experience as a result of or in connection with my participation in this program.

Name (print)	Signature of Participant or Parent/Guardian if program participant is under 18yrs of age	Date
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Please use the back of this sheet if necessary.***Please keep this form for your records. Mail or fax a copy to: *Department of Public Works, 11 Arch Road, Avon, CT 06001*
Phone: (860) 673-6151; Fax: (860) 673-0338