

# Adopt-A-Spot Volunteer Application

Name of Person or Organization: \_\_\_\_\_  
(Please Print)

Contact Person: \_\_\_\_\_

Address of contact person: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Location of Spot: \_\_\_\_\_

Description of Spot duties: \_\_\_\_\_

\_\_\_\_\_

Upon Town approval, I agree to adopt and maintain the above designated area for one year. I further understand that I and/or the organization I represent are responsible for all costs associated with the maintenance of the area adopted.

**Waiver & Medical Release:** I recognize that there are inherent risks in participating in this activity. In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my organization may have against the Town of Tolland and its representatives, successors and assigns for any and all injuries suffered by myself during participation in this activity. In case of an accident occurring during my participation I hereby grant permission to the Town of Tolland to utilize any emergency medical care it deems necessary to treat any injuries suffered by myself or any members of my organization.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Town of Tolland may terminate this agreement at any time the applicants do not comply with the agreement or at any time the applicant's work is deemed unsafe. The Town of Tolland reserves the right to revise or discontinue this program at any time.

## The following section is for Office Use only:

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Adopt-A-Spot recommendation: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to:**

TOLLAND PARKS & FACILITIES DEPT., 21 TOLLAND GREEN, TOLLAND CT 06084