

## Waiver of Liability

### Town of Hope Mills Adopt-A-Drain Program

I, \_\_\_\_\_, hereby agree to release, indemnify and hold harmless the Town of Hope Mills, its agents, officers, employees and volunteers from any and all claims, liabilities, demands, damages, actions or causes of action of any kind or character (including, without limitation, attorney's fees costs and expenses) that may arise in the manner by reason of death, injury, damage to my person or property or both as a result of my participation in the Hope Mills Adopt-A-Drain Program.

I understand that participation as a volunteer may require periods of standing, kneeling, lifting, and carrying up to 40 pounds, and will require the exercise of reasonable care to avoid injury such as when walking on uneven and potentially slippery surfaces, crossing streets, working near automobile traffic, using hand tools, and other miscellaneous activities needed for cleaning the above ground area of storm drain, curb lines, sidewalks and areas around cars parked on the street. Further, I understand that I am not required to perform any task that I believe to be dangerous and I may withdraw my participation from the program at any time. Finally, I will at all times, be respectful of the property and privacy rights of those who own property adjacent to the adopted drain when conducting volunteer work.

I understand that I am volunteering and am not covered by any insurance or compensation plan with the Town of Hope Mills. Further, I understand that during my participation in the Hope Mills Adopt-A-Drain Program I am subject to the rules and regulations of Town of Hope Mills and specific rules for the Hope Mills Adopt-A-Drain program. I also understand and agree this Wavier of Liability is binding upon my executors, administrators, personal representatives, collectors, heirs, successors and assigns.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Signature of Parent or Guardian if under 18*

\_\_\_\_\_  
*Print Full Name*

Please Return to:  
Town of Hope Mills Stormwater Department  
5770 Rockfish Rd. Hope Mills, NC 28348