

Goffstown Adopt-A-Spot Program Safety Orientation Form

Group Name:

On behalf of the above named group, I certify that a safety orientation was provided to me/us on this date by the Goffstown Department of Public Works. The following items were discussed:

- a. Each requirement on the attached "Safety Checklist";
- b. The potentially hazardous nature of picking up litter along the sides of Town maintained roads;
- c. The importance of safety at the litter removal site;
- d. The need to review the "Safety Checklist" with all participants prior to each litter removal operation, and obtain a signature on the safety signature sheet.
- e. The Group Coordinator is responsible to train individual participants on proper safety procedures for the clean up event
- f. **Liability:** The Group will hold harmless the DPW and its agents from claims arising out of work and services provided, as well as, any and all claims based on the negligence and intentional conduct of any participant. The Group must provide primary insurance coverage for the group, including participants. The Group is responsible for the supervision and activities of its participants as well as, determining the appropriate age of their volunteers.

Signature of Chairperson:

Date:

Phone #:

Signature of Safety Person:

Date:

Phone #:

Signature of Town Coordinator:

Date: