

Adopt-A-Spot

Goffstown Adopt A Spot Program

Agreement Form

Special conditions or changes to this agreement will be reviewed and approved by the Board of Selectmen. This agreement will be modified as required by the Board of Selectmen.

ADOPT A SPOT AGREEMENT

Group Information:

Group Name:		
Address:		
City:	State:	Zip
Contact Person:		
Daytime Phone:		Nighttime Phone:
Fax No.	E-mail:	

First Choice:

Area Requested:		
Road Name.	From:	To:
Landmarks:		

Second Choice:

Area Requested:		
Road Name.	From:	To:
Landmarks:		

Name to be listed on the Adopt A Spot sign (max 2 lines, 16 characters each):

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Number of Volunteers expected per event:

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Frequency of clean up:

Special conditions requested by Group:

The Department of Public works has the authority to make exceptions to these standard conditions, and also to add special conditions to deal with unique features found on the section of road to be adopted. All exceptions will need the approval of the Board of Selectman. Any modifications to this agreement are contained in the following section:

The Group has read and understands the Goffstown Adopt A Spot program rules and Safety Checklist and acknowledges the requirements of the Group to participate in the program. By signing this contract 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.

For the Town:

For the Adopting Group:

Adopt-A-Spot Coordinator

Name:
I am authorized to sign the agreement for the group.
Phone #: _____

Date: _____	Date : _____
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