

STORM DRAIN MARKING PROGRAM

I would like to volunteer to mark a storm drain(s) in my neighborhood as part of the City of Cedar Rapids "Storm Drain Marking Program" to raise awareness and help protect water quality in our local streams and lakes.

Storm Drain(s) Location: _____

The work will be in accordance with the City of Cedar Rapids, Public Works Department.

Name of Volunteer: _____

Number of Volunteers: _____

Address: _____
(Please Print)

Telephone: (Home) _____

(Work) _____

Email address: _____

Does the City of Cedar Rapids have permission to post photos of the volunteer event on the City of Cedar Rapids Stormwater Program website? _____

I agree to return leftover volunteer materials provided by the City of Cedar Rapids.

Signature: _____

Date: _____

Mark A Storm Drain

Be a local advocate for clean streams.

Help raise awareness and prevent pollution in your neighborhood.

Help improve water quality in your watershed.

Educate your neighbors on the connection between storm drains, streams and lakes.

Inform the city when illegal discharges are observed in your neighborhood.



Please return the signed, completed application and release to: sewer@cedar-rapids.org (Attn: Stormwater Coordinator) or:

City of Cedar Rapids
Public Works Sewer Division
Attn: Stormwater Coordinator
500 15th Ave SW
Cedar Rapids, IA 52404

RELEASE & WAIVER

I, the undersigned, am voluntarily participating in the City of Cedar Rapids Public Works Storm Drain Marking program (the "Program"). I have read and agree to follow the Volunteer Safety Guidelines provided to me by the City of Cedar Rapids Public Works Department for the Program. I acknowledge my participation in the Program does not come without the risk of injury or harm; I have considered this risk of injury or harm and I accept this risk and assume responsibility for all injury or harm to me or my property associated with my participation in the Program. By signing below, I agree to release, waive, and hold harmless the City of Cedar Rapids, Iowa, its officers, agents, employees and volunteers (collectively the "City") from any and all liability arising from my participation in the Program. I understand this release waives all claims, known or unknown, against the City arising out of my participation in the Program, including injury or death to self and damage to property, however such claim(s) may arise. By signing below, I agree that if, despite this release, waiver of liability and assumption of risk, I, or anyone on my behalf, make a claim against the City based upon my participation in the Program, I will indemnify, save and hold harmless the City from any loss, liability, damage or cost which it may incur as a result of such claim. I understand the City does not provide insurance for any injury to me, my property or other participants in the Program. This release is given in partial consideration of my being allowed to participate in the Program and binds me, my personal representatives and any of my heirs or assigns. If any portion of this release is held invalid by any court, I agree the balance of this release shall continue in full force and effect. I HAVE READ THIS RELEASE CAREFULLY AND UNDERSTAND IT. I HAVE SIGNED THIS RELEASE FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____