

## City of Colorado Springs Adopt-A-Waterway Program Enrollment

It	's up to each of us to	keep ou	r waters clean.	••	
Ad	opting Organization Int	formation			
1.	Adopting Organization Name (Please Print):				
2.	Approximate number of organization volunteers:				
3.	Name of Designated Representative (Please Print): Home (Check One):  □ Phone  □ Mobile Number: Work (Check One):  □ Phone  □ Mobile Number:				
	E-mail address:			Fax No.:	
4.	Address (Please Print):	Street		City	Zip
5.	Name of Alternate Contact Person (Please Print): Home (Check One):  □ Phone  □ Mobile Number: Work (Check One):  □ Phone  □ Mobile Number:				
	E-mail address:			Fax No.:	
	Address (Please Print: _	Street		City	Zip
1.	Name of Waterway:				
3.	Planned waterway activities: (please check all that apply)				
	Trash pickup	(	Other (Please Speci	ify:	

## Statement of Agreement

I have read and agree to abide by the policies and regulations as put forth by the City of Colorado Springs Stormwater Enterprise with regard to its Adopt-A-Waterway Program. As the Adopting Organization's Designated Representative, I am responsible for informing the members of the organization of all risk and release provisions. All member volunteers are required to understand and agree with each of the Volunteer Acknowledgment of Risk and Release provisions.

Signed

Date