



**CITY OF TERRELL
ADOPT-A-NEIGHBORHOOD APPLICATION**

Date of Application: ____/____/____

Group/Applicant's Name: _____

Contact Person: _____

Mailing Address: _____

Phone No. (daytime): _____ (evening): _____

E-mail Address: _____

Neighborhood Adopted: _____

Number of Participants: _____

Please list at least four (4) possible clean up dates:

_____ _____ _____ _____

Return this form to:

City of Terrell Public Services Dept. at 400 Industrial Blvd/P.O. 310 Box Terrell, TX 75160

Phone: (972) 551-6614 Email: publicservices@cityofterrell.org



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By my signature on this Release, I understand and am fully aware that the Adopt-A-Neighborhood Program involves standing and walking on streets individually or within a group for the purpose of picking up litter together with the potential hazards connected with such activities.

As a part of my voluntary participation in the Adopt-A-Neighborhood Program, I agree to assume all responsibilities on behalf of myself and/or my children and to hold the City of Terrell, together with its elected officials, employees, agents and assigns harmless from any and all claims that may arise from any accident, injury, damage, or other loss of life or property as a result of my voluntary participation in this program.

I further acknowledge that I have reviewed and understand the Adopt-A-Neighborhood Program safety material prior to my application in the program. Further, I have reviewed these materials with my children if they are participating. By my signature on the Release, I certify that these materials meet all necessary criteria.

Finally, I further understand and agree that if my children participate in this program, they must be accompanied by a parent, legal guardian or other responsible adult at all times during such participation.

Dated: _____, 20 _____

Volunteer/Participant Signature

Volunteer/Participant Print Name

Phone

Email

Address

City, State, and Zip Code

Printed names of children under the age of 18:

ALL VOLUNTEERS/PARTICIPANTS 18 YEARS OF AGE OR OLDER ARE REQUIRED TO COMPLETE THIS FORM.

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