

Every student who participates in a storm drain marking project must fill out this form and have it signed by a parent or legal guardian. Completed forms can be faxed or mailed to the attention of the Volunteer Coordinator at Save The Bay. Contact 401-272-3540, ext. 130 or dlittle@savebay.org with any questions.

Participant's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Organization (school group/scout troop, etc.): _____

Date of storm drain marking project: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____

Address (if different from above): _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

LIABILITY

I understand that Save The Bay and the Town/City of (location of project): _____ do not assume any responsibility, and I agree to hold them harmless for any loss, injury or damage to person or property in connection with this storm drain marking project which results from causes beyond the control of, and without fault or negligence of Save The Bay or the Town/City of: _____.

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature: _____