



**CITY OF KINGMAN
ADOPT-A-BLOCK PERMIT FORM**

The City of Kingman and _____ (Name of Group or Organization) recognize the need and desirability of a litter free and aesthetically pleasing community. This program has been established for community and civic organizations as well as private businesses and citizens to contribute toward the effort of maintaining a cleaner and more beautiful community.

As indicated by their signatures on this agreement, the individual participants, the named entity, group, or sponsor are aware of the nature of the work which is to be performed and have agreed to follow the City's rules, policies, safety guidelines and instructions. Those individuals, groups, or sponsors agree to indemnify, defend and hold harmless the City of Kingman, its agents or employees for any injury or action arising out of the participation in this program.

The above named entity volunteers to pick up litter, trash, or other debris once every _____ month(s) (minimum time frame is once every six months) for a period of _____ year(s) (minimum time frame is two years). The adopted block is located along: _____ (Street Name) From _____ (Street Name) To _____ (Street Name)

This agreement may be canceled by either party with a thirty day written notice.

Signature: _____ Signature: _____
Primary contact Secondary contact

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

Address Address

City, State, Zip City, State, Zip
Phone: _____ Phone: _____
Email: _____ Email: _____



ADOPT-A-BLOCK PROGRAM

YOUTH PARTICIPATION RELEASE FORM

As the parent/guardian of the minor child between the ages of 12 and 17 named below, I hereby give permission for him/her to participate in one or more Adopt-A-Block roadside clean ups. By my signature, I release the City of Kingman from any liability or responsibility for any injuries or damages he/she may cause or suffer as a result of participation in this program. In addition, I agree to indemnify, defend and hold harmless the City of Kingman, its agents or employees for any injury or action arising out of the participation in this program.

Parent or Guardian Signature

Printed Name of Child

Address

City, State, Zip

Phone Number

Date