



# HANCOCK COUNTY "ADOPT-A-ROAD" PROGRAM PERMIT ~ APPLICATION

Name of Institution: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: (Work/Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Section of County or Township Roadway you are interested in adopting:

\*\*\* (Please be specific and list three (3) alternatives in order of preference) \*\*\*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Print **specifically** how you would like for your group or organization's name to read on your "Adopt-A-Road" Program sign:

\_\_\_\_\_

Hancock County agrees to the following:

1. Post signs to identify participating group and program for two years.
2. Provide trash bags, safety vests and worker ahead signs prior to each cleanup.
3. Transport and dispose of collected litter and debris.
4. Provide safety orientation and instructions for each participant.

**By signature below, the Group acknowledges the hazardous nature of work and agrees to the following terms and conditions:**

1. Each participant must view a safety film provided by Hancock County prior to participating in any clean up activities. No one will be permitted to participate in a litter cleanup unless original signatures are on file with Hancock County stating that they have seen the film and have completed safety orientation.
2. Collect litter and debris from their adopted two-mile section of roadway **four times a year** for a period of two years.
3. Safety vests must be worn at all times by all volunteers participating in the roadside cleanup. **NO EXCEPTIONS.**
4. Any group containing personnel less than 18 years of age must have adequate adult supervision. A minimum ratio of one adult for every four persons under the age of 18 is required. Persons under 12 years of age are prohibited and shall not be present at the work site.

**INDEMNIFICATION**

The Permittee or anyone working with the Permittee agrees that Hancock County shall not be liable for and agrees to indemnify and hold Hancock County harmless against any loss, claim, cause of action, damages, liability or expense arising out of the operation of this Permit. In no event shall the Permittee be considered agents or employees of Hancock County.

The Permittee is hereby warned of personal liability for injuries and damages and it is required that activities be covered by liability insurance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to: Courtney Comstock, SWMD Coordinator  
Hancock County SWMD Environmental Services Office  
100 E. Main Cross Street, Suite #101, Findlay, Ohio 45840  
[HancockSWMD@co.hancock.oh.us](mailto:HancockSWMD@co.hancock.oh.us)

\*\*Call (419) 424-7210 or e-mail if you have further questions.