

# CLARK COUNTY STORM DRAIN STENCILING PROGRAM

## VOLUNTEER/PARTICIPANT LIST

The following information enables the program to recognize everyone who participates in storm drain stenciling projects (The information is not shared in any form to other entities): **PLEASE PRINT or TYPE**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Project Date(s): \_\_\_\_\_ Total time spent stenciling: \_\_\_\_\_ Number of drains stenciled: \_\_\_\_\_

Please **print** the first and last names of all the people involved in your stenciling project (additional names can be listed on the back of this form):

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

How many people participated in the storm drain stenciling activity?\*( This information is used for the statistical purposes to measure our educational outreach activity).

Youth: \_\_\_\_\_ Adult: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Asian: \_\_\_\_\_ African American: \_\_\_\_\_ Native American: \_\_\_\_\_

Caucasian: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Special Needs: \_\_\_\_\_



# STORM DRAIN STENCILING PROGRAM

## PARTICIPANT /VOLUNTEER

### REGISTRATION AND PERMISSION FORM

PLEASE PRINT LEGIBLY

Participant/Volunteer Name: \_\_\_\_\_

Organization or Group (if applicable): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

In signing this release, and in consideration of voluntary participation in the Storm Drain Stenciling project (hereafter called the "Project") for myself and/or that of any person(s) in my care, I agree to hold the Clark County Clean Water Division and their employees, associated agents and volunteers, harmless for any damage or liability arising from participation in the Project. In addition, permission is granted for picture taking that may be used for publicity purposes for the program without compensation.

**Signature of Participant/Volunteer** or Parent/Guardian (*if under the age of 18*)

\_\_\_\_\_ **Date** \_\_\_\_\_

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

**Note:** The Storm Drain Stenciling Program requires that all participants/volunteers involved in storm drain stenciling activity submit a signed Participant/Volunteer Registration Permission and Release Form prior to engaging in stenciling activity.

**MAKE A COPY OF THIS FORM FOR EACH PARTICIPANT TO SIGN  
PRIOR TO STARTING PROJECT**

**Submit all participant forms to Clark County**



# STORM-DRAIN STENCILING PROGRAM

## PROJECT AGREEMENT

(to be filled out by the person sponsoring the project)

I am authorized to act on behalf of \_\_\_\_\_  
(insert Organization/Group name, if applicable), hereinafter called the "Sponsor". I have carefully read and understand the guidelines for the Storm Drain Stenciling Project (hereinafter called the "Project"). In order to participate in the Project, the Sponsor assumes the following responsibilities.

1. Participants in the project are solely under the supervision of the Sponsor.
2. The Sponsor will train each participant in regarding all safety rules. All participants will be evaluated by the Sponsor to determine if they are responsible individuals who will abide by the rules of the road and use due care and caution while participating in the project. Only responsible individuals will be allowed by the Sponsor to participate.
3. The Sponsor will use stencil kits and instruction provided by Clark County's Clean Water Division (CWD) Storm Drain Stenciling project only for the purpose intended.
4. The Sponsor will consult with the CWD Storm Drain Stenciling project in the selection of project sites and determine when and where street work will be conducted.
5. By the completion of the project, the Sponsor will provide the CWD with a list of volunteers, a stencil location tracking record and return all equipment to the CWD.
6. Sponsor agrees to indemnify and hold harmless, CWD employees, associated agents and volunteer workers, for any damage or liability arising out of Sponsor's participation in the Project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Organization/ Group \_\_\_\_\_

Note: Please submit this agreement and all participant/volunteer permission forms to the CWD prior to engaging in storm drain stenciling activity.

