

## ***SOUTH BROWARD DRAINAGE DISTRICT***

# **HELP KEEP OUR NEIGHBORHOODS CLEAN ADOPT-A-CANAL**



### ***ADOPT-A-CANAL PROGRAM:***

The Adopt-a-Canal program is a collaboration between South Broward Drainage District (SBDD) and residents, civic associations, businesses and organizations.



The program is designed to recruit volunteer groups to regularly cleanup and beautify selected canal sections. Litter pollution in our canals is a growing and potentially hazardous problem.

Wind, traffic, animals and water carry litter often far from its original source. In our canals, litter can restrict water flow, pollute the water with unhealthy chemicals, trap or otherwise harm wildlife and provide a breeding ground for mosquitoes and damage canal structures and equipment.

For business and neighborhoods along littered canals, the apparent lack of concern and loss of local pride results in a negative impact on property values.



The Adopt-a-Canal program requires groups to conduct a cleanup at least three times a year and more if they so desire.

SBDD provides safety equipment, life jackets, gloves, nets, litter grabbers and garbage bags.

Interested groups can fill out the application form and pick their section of canal. All groups will receive safety and procedural instructions prior to their first cleanup.



Groups will notify SBDD when their cleanup event will take place. SBDD will pick up all trash bags the following day.

Groups will document any large or dangerous items and notify SBDD. Canal sections will be approximately  $\frac{1}{2}$  mile long with the cleanup taking approximately 4 hours.



Adopting groups must provide at least one adult supervisor for every six children under the age of 18. All participants must be a minimum of 12 years old.

ADOPT-A-CANAL PROGRAM  
SAFETY GUIDELINES

1. Prior to the first canal cleanup, a designated group representative should visit the adopted canal section to survey the area and find a safe meeting place.
2. Prior to the first canal cleanup, the designated group representative or entire group must attend an instruction and safety meeting conducted by South Broward Drainage District. Each cleanup participant must sign a liability release form.
3. Individuals under 18 may participate in a canal cleanup only if supervised by an adult. Groups must provide at least one adult supervisor for every six minors. All participants must be at least 12 years old.
4. Cleanup participants must wear a bright orange safety vest or life jacket as applicable.
5. Cleanups shall be scheduled during daylight hours and during fair weather. Most locations will consist of a 4 hour cleanup time period.
6. Cleanup participants are encouraged to take breaks, drink fluids and avoid overexertion. Groups should bring plenty of water, cell phone and a first aid kit.
7. Plastic bags, cups, paper, plastic bottles, small pieces of wood, etc. are just a few of the examples of items to be picked up.
8. Cleanup participants should document any hazardous or unsafe materials and large items (i.e. shopping carts, lumber, trees, etc.).
9. South Broward Drainage District shall provide life jackets, safety vest, gloves, long handled nets, litter grabbers and garbage bags.
10. The designated group representative must notify South Broward Drainage District 1 week before scheduled cleanup.
11. Bagged litter will be left in a designated location for pickup and disposal by South Broward Drainage District.
12. Upon completion of cleanup, the designated group representative will fill out appropriate forms and gather all equipment for return to South Broward Drainage District.

**SOUTH BROWARD DRAINAGE DISTRICT  
ADOPT-A-CANAL PROGRAM AGREEMENT**

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

Designated Group Representative: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Adopted Canal Section: \_\_\_\_\_

*The work will be performed under and in accordance with the South Broward Drainage District's Adopt-A-Canal general conditions and safety guidelines which is attached to this agreement.*

*All Adopt-A-Canal participants shall sign a liability waiver and shall at all times indemnify and save harmless the South Broward Drainage District, employees, agents and board members from responsibility, damage or liability arising from the exercise of the privileges granted under the designated program. The program designation and agreement may be terminated by the South Broward Drainage District at any time. The District reserves the right to revise or discontinue the Adopt-A-Canal program at any time.*

***The designated group representative and participants undersigned below have read, understand and shall comply with the Adopt-A-Canal program general conditions and safety guidelines regarding participation in the program.***

Designated Group Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Adopting Organization Participants:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Please remit to: South Broward Drainage District  
Adopt-A-Canal Program  
6591 S.W. 160 Ave.  
Southwest Ranches, Florida 33331  
954-680-3337

SOUTH BROWARD DRAINAGE DISTRICT  
**Adopt-A-Canal Program**  
WAIVER OF LIABILITY, RELEASE AND INDEMNIFICATION FORM

In consideration of the acceptance of my participation in the Program:

1. I, \_\_\_\_\_ as a representative/participant of \_\_\_\_\_, hereby agree to comply with all the rules and regulations and event instructions of the **Adopt-A-Canal Program** and its agents.
2. For myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby:
  - a. Waive and release any and all claims whether direct or indirect that I may have against the South Broward Drainage District, its officers, supervisors, director, volunteers, employees, agents (“the releasees”) including any and all claims or loss for damage caused by any act, action, omission or negligence of any of them or any person participating in the Program, arising out of my participation in the Program and its related activities, together with any costs including attorney’s fees that may be incurred as a result of any such claims, whether valid or not, and;
  - b. Indemnify and hold harmless the releasees and each of them against any such claim that I or mu guests or any one or more of my/our or their executors, administrators, heirs, next of kin, successors or assigns may have or assert and against any costs including attorney’s fees with respect thereto.
3. I hereby acknowledge that I have sole responsibility for my personal possessions and equipment during participation in the Program and its related activities.
4. I hereby acknowledge that participation in the Program carries with it potential hazards including death. With knowledge of these hazards, I therefore release the South Broward Drainage District, its committee, their officers, supervisors, directors, members, volunteers, employees and sponsors of any and all liability surrounding any injury or my death during participation in the Program.
5. I hereby attest and verify that I am physically fit to participate in this Program.
6. I hereby attest and verify that I have adequate health and disability insurance sufficient to cover any and all physician, medical, hospitalization and related costs that I may sustain as a result of injury, accident or sickness during participation in the Program and its related activity.
7. I hereby consent to receive medical treatment at my cost, which may be deemed advisable in the event of injury, accident and/or illness during participation in the Program.
8. I hereby permit the free use of my name and picture in broadcasts, telecasts and the press as they pertain to the Program.
9. I hereby acknowledge that I have received a copy of the **Adopt-A-Canal Program** Safety Guidelines and that I have read and understand said Guidelines.

\_\_\_\_\_  
(Printed or typed name of representative/participant and of parent or guardian if under the age of 18)

\_\_\_\_\_  
(Printed or typed name of Program Coordinator)

\_\_\_\_\_  
(Signature of Participant or of Parent or Guardian if under the age of 18)

\_\_\_\_\_  
(Signature of Program Coordinator)

\_\_\_\_\_  
(Date)