

The City of South St. Paul presents.



Leaf It to Us! CommUNITY Team Registration form

We would like to form a CommUNITY Team to help a senior and/or disabled resident with raking their leaves. Here is the information on our team.

Team Name: _____

Team Captain: _____

Team Captain Address: _____

Team Captain Contact Information: (email) _____

Team Captain Phone Information: _____

Team Members: _____



How It Works:

- Before you begin, take a team photo - it can be fun, serious or a combination of both. Please send to Deb Griffith at deb.griffith@southstpaul.org to share on social media.
- Each team member must complete a Safety Disclosure Waiver of Liability and Talent Release before starting the clean-up.
- Homes being nominated will be available after October 15th.
- Homes will be matched up with teams based on size of property and location.
- Once determined when the commUNITY team will take care of the property, contact Deb Griffith with the date and time.
- The City will provide leaf bags and gloves if needed for the projects. Rakes, leaf blowers equipment would need to be provided by the CommUNITY Team.
- Once complete, leave the leaf bags in a safe spot and they will be picked up and taken to the SSP Compost site.....and thank you!
- For additional information, contact Deb Griffith, Community Affairs Liaison at 651-554-3230 or deb.griffith@southstpaul.org.



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**Safety Disclosure, Waiver of Liability and Talent Release
PLEASE READ AND COMPLETE CAREFULLY BEFORE SIGNING**

First Name _____ Last Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

In case of emergency, whom shall we contact? _____ Phone (____) _____

I know that community service projects carry potential risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions and risks, which, in combination with my actions, can cause me illness and/or severe or fatal injury. I agree that as a participant, I accept these risks, conditions and hazards. I also agree that I, and not the City of South St. Paul and/or its members, staff, volunteers and sponsors, am responsible for my safety while I participate in this project and for the costs resulting from any injury I may suffer from this project.

I hereby release the City of South St. Paul and/or its members, staff, volunteers and sponsors, related organizers and any or all persons connected with this project from all liability for any injuries or damages incurred as a result of my participation in this project. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I hereby verify that I have no known physical disability, impairment or chemical dependency that might inhibit my participation in this activity, and I agree to abide by all instructions given regarding my participation in this activity.

I also give my permission to the City of South St. Paul to use my name and any photographs, or any other record of my participation in the service project for any promotional purposes without obligation or liability to me.

Participant Signature _____ Date _____ (if 18 and over) or

Parent Signature _____ Date _____



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