

City of Coquitlam

Adopt a Trail Stewardship Program

Statement of Commitment

Adopt a Trail Stewardship Program
3000 Guildford Way, Coquitlam BC V3B 7N2
Tel: 604-927-6926 Fax: 604-927-6589
Email: adoptatrail@coquitlam.ca

The Trail Stewardship Program is a partnership between the citizens, businesses and groups of the City and the City of Coquitlam who wish to contribute their time in keeping the trails clean and safe. Both the City and individuals or groups adopting the trail section commit to each other to perform certain duties to help the appearance of their community.

It is understood that at no time is the safety of any volunteer to be placed in jeopardy in the performance of their participation.

The Adopter agrees to:

1. Perform agreed upon duties along a specified section of trail.
2. Designate a contact person who will assure that all participants are responsible people, and that all participating minors under the age of 18 are provided with adult supervision. The contact person will discuss safety precautions with participants and assure that the appropriate tools and equipment are used.
3. Deal with hazardous material in a proper manner.
4. Report to the City Coordinator any injury incurred by any participant during cleanup activities. The injury will be reported within two working days of the incident and shall include:
 - a) The name of the injured person.
 - b) The time and date of the incident.
 - c) The nature of the injury.
 - d) Details of the incident.
 - e) The name of any hospital or clinic attended.
5. Complete Activity logs.

The City of Coquitlam agrees to:

1. Supply operating materials: e.g. litter bags, litter pickers, safety vests, sharps container, dog bags, graffiti removal spray, rags and gloves; and make arrangements for free removal and disposal of litter from the nearest Parks trash can.
2. Formally recognize volunteer efforts.
3. Provide a contact person from the City of Coquitlam.
4. Provide training, guidance and advice.



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I have read and understood this statement of commitment and agree to the terms of participation.

Adopter

Group/Organization Name: _____

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

City of Coquitlam / Trail Stewardship Program

Program Coordinator: _____

Signature: _____ Date: _____

Trail to be adopted: _____

Period of Adoption: _____