

Healthy Lake Winona – Storm Drain Stenciling Program



Participant Names & Liability Waiver

(Required by all participants)

I, the undersigned, being the volunteer involved in the storm drain stenciling project (hereinafter referred to as the "Project" or being the parent or legal guardian of such a volunteer in the Project, in consideration of my or another's participation in the Project, I hereby, for myself and any volunteer for who I am a parent or legal guardian release, discharge, hold harmless, and forever acquit the City of Winona, Healthy Lake Winona Volunteers, or other local sponsors and service groups, and their officers, agents, representatives and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown now existing or which may arise in the future, on account of or in any way related to or arising out of participation in the Project.

Further, I assume all liability of any non-participants who accompany me.

***If you do not want your image or name used in media promotional materials check the box (☐) after your name.**

Participant's name (please print):

Participants signature: (sign here)

_____ ☐	Age _____	X _____
_____ ☐	Age _____	X _____
_____ ☐	Age _____	X _____
_____ ☐	Age _____	X _____
_____ ☐	Age _____	X _____
_____ ☐	Age _____	X _____
_____ ☐	Age _____	X _____

If representing an organization, organizations name: _____

Participant's age _____

Signature of participant's parent or legal guardian:

X _____

Date: _____

You must sign the liability waiver to participate!

Please copy for additional participants

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Healthy Lake Winona

Fill out both sides completely!

Storm Drain Application

Thanks for your interest in volunteering with your group for a Healthy Lake Winona! This form will help us determine your groups' needs to complete a storm drain stenciling activity. Please complete and return the form below to the City of Winona Public Works department, room 200, and someone will get in touch with you within a week to follow up. Please note that all stenciling activities must take place in the city limits of Winona.

First Name: _____ [Click here to enter text.](#)

Last Name: _____ [Click here to enter text.](#)

Main Contact Phone Number: _____ [Click here to enter text.](#)

Main Contact email: _____ [Click here to enter text.](#)

Name of Group or Organization: _____ [Click here to enter text.](#)

Number in Group: _____ [Click here to enter text.](#)

- 1-2
- 3-5
- 5-10

Tell us about your group

- Mostly 4th through 6th graders with adult supervision
- Middle school youth with adult supervision
- High school students with adult supervision
- A corporate or service group wanting to participate in a civic activity
- Other

Group Address: _____ [Click here to enter text.](#)

Meeting location and neighborhood you are requesting to stencil:

Date and Time of activity. Be sure to include an alternate date if inclement weather disrupts your stenciling activity.