



Residential

# 2011 Registration Form

For additional information, please call City Services at **3-1-1.**

## Friday, April 22<sup>nd</sup>

Registration Date: \_\_\_\_\_

*Must register by Tuesday, April 19<sup>th</sup>. No late registration will be accepted.*

*Submit completed registration form and waiver(s) to the nearest Citizen Service Centre or by fax: **705-671-1148***

Name of Participant(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Residential property and adjacent public property to be cleaned:

\_\_\_\_\_  
\_\_\_\_\_



- The purpose of the 20 Minute Makeover is to clean your own property and the adjacent sidewalk.
- Place collected litter in your own garbage. The City will not provide a special collection service for this event or increase the residential garbage bag limit.
- Read carefully the enclosed safety tips and waiver (consent form). Each participant must sign and submit the waiver (consent form) by April 19, 2011.
- Read the enclosed contest rules and submission guidelines.



## Safety Tips

For additional information, please call City Services at **3-1-1.**

### DOs

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#### Individuals:

- ✓ Wear gloves, thick-soled closed shoes, long pants and long-sleeved shirts
- ✓ Wear safety vests or bright colors for roadside cleanups
- ✓ Wear sunscreen and bug repellent
- ✓ Drink plenty of fluids and keep "quick energy foods" on hand
- ✓ Be aware of your surroundings and the potential hazards associated with them (e.g., passing cars, hazardous tree branches, poison ivy, broken glass, needles etc.)
- ✓ Use the "buddy system" ...work in teams of two or three to maximize safety
- ✓ Keep pre-moistened towelettes on hand and wash hands after the cleanup

#### Group Leader:

- ✓ Ensure waiver (consent forms) have been read and signed.
- ✓ Be aware of all known allergies of volunteers before participation
- ✓ Know emergency procedures, such as the location of the nearest emergency facility and how to quickly summon the police or an ambulance
- ✓ Have a first aid kit and cellular phone on hand
- ✓ If possible, have someone trained in CPR and/or First-aid on hand
- ✓ Provide adequate adult supervision if you involve youth groups in litter removal

### DON'Ts

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#### Individuals:

- ✗ Don't pick up hazardous materials such as hypodermic needles, sharp objects, old car batteries, condoms, animal carcasses or other unidentified, questionable objects
- ✗ Don't overstuff bags
- ✗ Don't attempt to move large objects such as rusted car shells, old household appliances or swing sets on your own.
- ✗ Don't bring pets to events, as they may distract participants or even detract from the cleanup
- ✗ Don't enter swift moving water if doing a waterway cleanup
- ✗ Don't overdo it physically
- ✗ Don't bring alcoholic beverages or consume alcohol during a clean-up

#### Group Leader:

- ✗ Don't schedule cleanups during peak pedestrian or traffic hours
- ✗ Don't conduct cleanups during extremely inclement weather
- ✗ Don't conduct cleanups near or around construction sites or heavy traffic areas





# Informed Consent - Adult

**Warning! Please read carefully.**

I \_\_\_\_\_, desire to participate voluntarily in the 20 MINUTE MAKEOVER.

I understand and have been advised that some of the activities I will undertake involve physical exertion.

I understand and have been advised that some of the activities I will undertake involve the potential for injury, and exposure to broken glass, sharps, use of tools, lifting etc.

As well I have been duly informed that while participating I should use caution and wear appropriate clothing and protective equipment (gloves, safety vest).

I have been informed that during my participation, it is my complete right and responsibility to decrease or stop should at any time I believe it to be unsafe to continue doing so and that it is my obligation to inform the program volunteers of my concerns or my symptoms.

It is my understanding and I have been informed that there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of heart rhythm and, in very rare circumstances, heart attack or even death as well cuts, infections, bruises and broken bones. I have been told that every effort will be made to minimize these occurrences through proper supervision and by my own careful control of efforts as well the use of proper personal safety equipment. I understand there are risks, known and unknown, including a risk of injury, heart attack or even death as a result of my participation, but knowing those risks, it is my desire to participate as indicated herein.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that I have read this document in its entirety and that I fully understand and accept its contents:

- a. Choosing to participate in the Program brings with it the assumption by me of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY about these RISKS
- b. I am free to withdraw from the Program at any time. I agree to voluntarily withdraw from the Program if I begin to experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my health.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT form in its entirety

this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

_____ (Signature)	_____ Witness (Signature)	_____ Date
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_____ (Print Name)	_____ Witness (Print Name)	_____ Date
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# Informed Consent - Youth

**Warning! Please read carefully.**

I \_\_\_\_\_, (name of Parent/Guardian) am authorized and request to have \_\_\_\_\_ (“my Child”) participate in the City of Greater Sudbury in the 20 MINUTE MAKEOVER.

I understand and have been advised that some of the activities my child will undertake involve physical exertion.

I understand and have been advised that some of the activities my child will undertake involve the potential for injury and exposure to broken glass, sharps, use of tools, lifting etc.

As well I have been duly informed that while my child is participating my child should use caution and wear appropriate clothing and protective equipment (gloves, safety vest, proper footwear etc).

I have been informed that during my child’s participation, it is my child’s complete right and responsibility to decrease or stop should at any time my child believes it to be unsafe to continue doing so and that it is my child’s obligation to inform the program volunteers of my child’s concerns or symptoms.

It is my understanding and I have been informed that there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of the heart rhythm and, in very rare circumstances, heart attack or even death as well as cuts, infections, bruises and broken bones. I have been told that every effort will be made to minimize these occurrences through proper supervision and by my own careful control of efforts as well the use of proper personal safety equipment. I understand there are risks, known and unknown, including a risk of injury, heart attack or even death as a result of my child’s participation, but knowing those risks, it is my desire to have my child participate as indicated herein.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

- a. Choosing to have my Child participate in the Program brings with it the assumption by me and by my Child of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY to instruct my Child about these RISKS and the choices available to him or her.
- b. I am free to withdraw my Child from the Program at any time. I agree to voluntarily withdraw my Child from the Program if my Child begins to experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my child’s health.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT form in its entirety

this \_\_\_\_\_ day of \_\_\_\_\_, 2011

_____	_____	_____
Parent/Guardian (Signature)	Witness (Signature)	Date
_____	_____	_____
Parent/Guardian (Print Name)	Witness (Print Name)	Date





## Residential

# 2011 Contest Rules and Submission Guidelines

For additional information, please call City Services at **3-1-1**.

## Friday, April 22<sup>nd</sup>

In order to be eligible, each participant must register and submit the completed waivers (consent forms) by April 19<sup>th</sup>. Following the clean-up event, the participant must submit the before, during and after photographs of the clean-up efforts. Photographs must be received by the Environmental Services Division by 4 p.m., May 13<sup>th</sup>, 2011.

Photographs may be submitted:

- By mail to the City of Greater Sudbury, c/o Environmental Services Division, P.O. Box 5000, Station A, Sudbury, ON P3A 5P3
- Electronically to [wastemanagement@greatersudbury.ca](mailto:wastemanagement@greatersudbury.ca)

The City will draw three participant names that have submitted the required forms and information. Each winner will be contacted by May 20<sup>th</sup>. The names and the photographs of the winners will be posted to the City's website.

### Prize #1



A backyard composter

### Prize #2



A 'Big Blue' residential recycling curbside container

### Prize #3



One year supply (24 boxes of 10 bags each) of certified compostable bags for the Green Cart Organics residential curbside program.

