

PLEASE CHECK ONE:

_____ New Agreement _____ Renewal Agreement

RETURN TO COUNTY AAH COORDINATOR:
Barbara Clinton
York County Solid Waste Collection & Recycling
PO Box 120
York, SC 29745
803-628-3182 fax
803-628-3181 phone



ADOPT-A-HIGHWAY AGREEMENT FORM

The S. C. Department of Transportation and _____
(Adopting Group Name)

recognize the need and the desirability of litter-free and visually improved highways.

The Adopt-A-Highway Program has been established for community and civic organizations as well as private businesses and industries to contribute towards the effort of maintaining cleaner and more beautiful highways.

The individual participants of the named entity are aware of the potentially hazardous nature of the work which is to be performed and have agreed to follow SCDOT's safety guidelines and instructions and have agreed to NOT hold SCDOT or the County Adopt-A-Highway Coordinator or his/her sponsor(s) responsible for any injuries they may suffer or damages they may cause or suffer, as result of participation in the Program, as indicated by their signatures on the back of or attached to this agreement.

The South Carolina Department of Transportation recognizes the above named entity as the adopting organization for: _____

(Roadway Name)

from _____ to _____

in _____ County.

The above named entity's volunteers accept the responsibility for picking up litter along its section of highway four times a year for a period of two (2) years beginning _____, 20____ and ending _____, 20____.

The above mentioned entity understands the SCDOT may terminate this agreement and/or remove the Adopt-A-Highway signs bearing the Program participant's name or acronym if, in its sole judgment, it finds and determines that the group is not meeting the terms and conditions of this agreement and of the total Program.

The above mentioned entity understands because of limited spacing on the Adopt-A-Highway signs, group names may have to be abbreviated and has written its name in the 18 spaces below as it is to appear on the signs: (Please allow one space after each name. Commas, colons, hyphens, etc. are counted as letters.)

OFFICIAL SIGNATURES

Authorized Group Representative

Additional Group Contact

Signature

Name

Print Name

Address

Street Address

City State Zip Code

City State Zip Code

Home Phone Work Phone

E-mail Address

E-mail Address

Home Phone Work Phone

SCDOT APPROVAL

Resident Maintenance Engineer

Date

By their signatures, the following persons have agreed to participate in four litter pick-ups and abide by the Department's guidelines and to NOT hold the Department, the County Coordinator or his/her sponsor(s) responsible for any injuries they may suffer or damages they may cause as a result of participation in the Adopt-A-Highway Program.

NAME	DATE
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