

Trails & Greenway Committee Application

The purpose of the Grant-Valkaria Trails and Greenways Committee is to investigate and recommend to the Town Council plans for a connected trail and greenway system throughout the Town and connectivity to trails in other jurisdictions. This Committee, with Council approval, shall also be able to blaze and maintain trails or sections of trails with the use of community volunteers. Nothing herein is intended to prohibit any member of the Grant-Valkaria Trails and Greenways Committee from also serving as work volunteer on any trail project. However, during the course of such donative services, the members of the Trails and Greenways Committee who are performing such services shall not discuss any Trails and Greenways Committee business while performing such donative services.

1. Name: _____ Phone: _____

2. Home Address: _____

3. Email Address: _____

4. Are you a resident of the Town? YES NO

5. How long have you been a resident of the Town: _____

6. Are you currently involved with any other organization in the town? YES NO

If yes, which organization? _____

Applicant Certification

By filing this application with the Town of Grant-Valkaria and placing my signature below, I do hereby acknowledge the following:

- *This Application, when completed and filed with the Office of the Town Clerk, is a PUBLIC RECORD UNDER Chapter 119, Florida Statutes, and is open to public inspection.*
- *I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the Town Clerk.*
- *I acknowledge that I am a resident of the Town of Grant-Valkaria.*
- *I consent to filing the Statement of Financial Interest.*
- *If appointed to a Committee, I acknowledge that it is my obligation and duty to comply with the following:*
 - *Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)*
 - *Florida Sunshine Law (Florida Statutes, Chapter 286)*

I understand the responsibilities associated with being a Committee member, and I will have adequate time to serve on this Committee.

The information provided on this form is true and correct, and consent is hereby given the Town Council or its designated representative to verify any and/or all the information provided.

Signature

Date

PERMISSION TO PARTICIPATE FOR ADULTS (18 AND OVER)

Read this form completely and carefully. You are agreeing to engage in volunteer service to benefit the community and the Town of Grant-Valkaria, Florida. You are agreeing that, even if the Town of Grant-Valkaria, its departments, employees, contractors, volunteers, specialists and agents (hereinafter “Released Parties”) use reasonable care in providing this activity, there is a chance you may be harmed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated.

By signing this form, you are giving or forever releasing your right to recover from any or all of the Released Parties in a lawsuit for any personal injury, including death, to you or any property damage that results from the risks that are a natural part of the activity. You have the absolute right to refuse to sign this form with the understanding that you will not be permitted to participate in any volunteer activities for the Town of Grant-Valkaria Volunteers.

WAIVER OF LIABILITY

I agree that in consideration for my participation in the Town of Grant-Valkaria Volunteers, I shall hold harmless and fully indemnify and defend the Town of Grant-Valkaria, Florida, its departments, employees, officials, coaches, volunteers, contractors, specialists, and agents (hereinafter “Released Parties”) from any and all causes of action, claims, damages, costs including but not limited to attorney’s fees and costs, which may arise from any cause of action made by me or my estate, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties.

I agree that in consideration for me being permitted to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my participation in this activity.

I expressly agree the Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

/s/ _____

PRINTED NAME: _____