



## **DO YOU WANT TO SIGN-UP TO CLEAN-UP Akron?**

1. Identify a littered public site that you want to clean up.
2. Recruit a group of volunteers.
3. Pick a group name. Note for you or anyone from your group who picks up the supplies: **The supplies will be listed under your group name.**
4. REGISTER online at [www.KeepAkronBeautiful.org](http://www.KeepAkronBeautiful.org) or by mailing in the hard-copy packet.
5. Request wristbands **IF** you have volunteers coming to the Zoo Appreciation Picnic on Saturday, April 27<sup>th</sup>, 11:00 a.m. – 1:00 p.m.
6. Have volunteers sign waivers. You collect them and turn them in to KAB.
7. Pick up clean-up supplies and drop off your signed waivers at Keep Akron Beautiful (KAB) office between **3/29/19-4/26/19** M-F from 8:00am to 4:00pm. If these times do not work for you, please contact us if you need us to leave your supplies in our lobby before/after hours.
8. Call KAB office to pick up of full bags and debris, 330-375-2116 option 5 (Johanna) – or email the number of bags and location to [johanna.barnowski@akronohio.gov](mailto:johanna.barnowski@akronohio.gov).
9. All forms, waivers and details are attached or online!

### **\*\*Get Social!\*\***

10. Take action shots (photos) of volunteers while cleaning and share on Facebook, Twitter and Instagram using the hashtags **#CUAM2019** , **#GAC2019** & **#DoBeautifulThings**
11. Make sure to Like us on Facebook & Follow us on Twitter & Instagram!

**Twitter: @K\_Akron\_B**

**Instagram: @KeepAkronBeautiful**

**Facebook: facebook.com/keepakronbeautiful**

# INFORMATION PACKET

Keep Akron Beautiful's (KAB) Clean Up Akron Month is once again part of the Great American Cleanup™, America's largest organized litter prevention, beautification and community improvement program. Clean Up Akron **MONTH** will take place the entire **MONTH** of April 2019. **SUPER SATURDAY, APRIL 27, 2019**, will once again take place at the Akron Zoological Park.

**Go Green!!! REGISTER online: [www.keepakronbeautiful.org](http://www.keepakronbeautiful.org) or by mail.** Everyone who participates must be registered and submit a waiver form. Turn in all waiver forms when you stop by KAB to pick up your supplies. **Signed waivers are required for EACH volunteer.** There are waivers for adults and waivers for minors under 18 years of age in this packet and online. Please print more copies if needed.

## SITE SELECTED

1. All cleanup sites must be on public property and must be in Akron. You may pick your own site.
2. Do not choose a **Metro Parks of Summit County** (i.e. Sand Run, Gorge, Goodyear, etc.) They have paid staff that clean seven days a week. You can, however, choose a city park.
3. Pick a site suitable for your volunteers - safety is our first consideration. All volunteers should read the safety rules included with the volunteer supplies.
4. ***If it rains*** on your scheduled cleanup date, keep the supplies and re-schedule your group, then call our office with your full bag pickup location.

## SUPER SATURDAY – APRIL 27, 2019

1. The first 1,000 registered volunteers will be given ***free*** admission to the Zoo for Super Saturday and **MUST WEAR** the KAB issued wristbands to receive their ***free*** admission & lunch. Please count only those people *who definitely will attend the picnic*. Youth volunteers 18 yrs and younger **MUST** have adult supervision while at the Zoo. (Note: Any child over 2 years of age must have a wristband to get into the Zoo for free. Only children 2 and younger will be admitted free without a wristband.)
2. Clean-ups on this day should start no later than 9:00 a.m. and must be completed by noon, *unless previous arrangements have been made*.
3. Youth Volunteers under the age of 18 years old must come to the Zoo with Adult Supervision.
- 4.

***LUNCH WILL ONLY BE SERVED 11:00 A.M.-1:00 P.M.***

## SUPPLIES

1. KAB provides trash bags, recycle bags, gloves, PURELL® product(s), trash pickup, information packets, wristbands for ***free zoo admission***, group photos and certificates of appreciation. Tell your volunteers to wear the gloves to protect their hands.
2. **All supplies can be picked up at the KAB office (850 East Market Street) from Friday, March 29-Friday April 26, 2019. Pick up time: 8:00 a.m. to 4:00 p.m., Monday through Friday.** (Contact us if you need to pick up before or after hours and we can you leave your supplies in our lobby or outside)
2. Agency staff may come to your cleanup location to take a group picture. Group pictures will also be taken at the Zoo picnic. You may also submit your own group digital group pictures via **email** to [johanna.barnowski@akronohio.gov](mailto:johanna.barnowski@akronohio.gov).
3. If your organization is hosting a cleanup event and partnering with Keep Akron Beautiful's Clean Up Akron Month 2019/ Great American Cleanup™, **please remember to use Keep Akron Beautiful's name and the event logo on all your media materials covering the event.** Contact us for logo JPG.
4. **Waiver forms** will be accepted at the time of supply pick up during **April 2019** at the KAB office, 850 East Market Street, Akron 44305 from 8:00-4:00pm.

## CLEANUPS DURING THE WEEK

1. If you can't participate on **SUPER SATURDAY**, you may pick any day in April that is convenient for your group. We will provide you with supplies and trash removal. Please call 330-375-2116 option 5 (Johanna) and leave a message with the location and number of bags to be picked up.
2. KAB must know the number of volunteers you will have and the date, time and place that your cleanup will be held. After your event, report the number of bags of litter & recyclables collected to KAB.



**Clean Up**  
AKRON MONTH

**GREAT AMERICAN  
CLEANUP**

**Registration Form**

**Name of Group** \_\_\_\_\_  
(This will appear on your certificate. Also please know your group name when you come to pick up supplies.)

**Contact Person** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City and Zip Code** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Alternative #** \_\_\_\_\_

**Email Address** \_\_\_\_\_  
(Required please)

**Public Land Cleanup Location** \_\_\_\_\_  
\_\_\_\_\_

**Date and time of Cleanup** \_\_\_\_\_

**Total number of registered volunteers in your group** \_\_\_\_\_  
\*please list names of all volunteers in your group on reverse side of this form

**Number of Akron Zoo Wristbands** \_\_\_\_\_  
(First 1,000 registered volunteers only, to ensure you receive your wristbands, please register early)

Fax this form to KAB at (330) 375-2118 **OR** Mail to 850 East Market Street, Akron, OH 44305-2424

**GO GREEN!** Register online at [www.keepakronbeautiful.org](http://www.keepakronbeautiful.org)





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CLEAN UP AKRON MONTH 2019**

**VOLUNTEER SAFETY RULES**

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- ❖ Don't clean public lands alone - work together as a volunteer group.
- ❖ Do not attempt to pick up broken glass with your hands. Use a broom and dustpan, or report the location of the broken glass to the KAB office.
- ❖ Do not lift anything that is too heavy for you - get help with the big things. When lifting a heavy load, lift with your legs, not your back.
- ❖ Do not go into the street to pick up trash. Stay on the curb or right-of-way.
- ❖ Do not attempt to remove known or suspected toxic or hazardous material. Tell your group leader so they can contact the KAB office.
- ❖ Do not pick up any item that has potentially infectious waste on it - blood or body fluids.
- ❖ Do not pick up or touch discarded syringes or hypodermic needles.
- ❖ Do not wander onto private property.
- ❖ Look for oncoming vehicles when crossing highway ramps or roads.
- ❖ There is to be no horseplay, practical jokes, or endangering of your own or another's personal safety.
- ❖ Do not wear sandals or other types of open shoes.
- ❖ Wear gloves when picking up litter.
- ❖ Do not wear ear buds or headsets that could interfere with volunteers hearing oncoming traffic, safety warnings, or other potential hazards.
- ❖ Youth 17 years of age and younger must be working under the supervision of an adult in the volunteer group
- ❖ Do not go into water to pick up trash.
- ❖ Stay away from suspected meth lab dump sites (red stained coffee filters, concentration of household cleaning bottles, propane tanks and vinyl tubing). Mark the area and notify KAB 330-375-2116.

**Please be advised that Keep Akron Beautiful does not provide insurance coverage for bodily injury to volunteers participating in the 2019 Clean Up Akron Month/Great American Cleanup™**

**CLEAN UP AKRON MONTH/GREAT AMERICAN CLEANUP™**

**Volunteer Agreement | Liability Release & Waiver | Photo Release  
(Adult)**

In consideration of permission to participate in the Clean Up Akron Month/Great American Cleanup™ volunteer program I, intending to be legally bound, hereby, for myself, my heirs, executors, representatives, assigns, and administrators, voluntarily assume all risks of accident or injury and release and forever discharge Keep Akron Beautiful, the City of Akron, their present and former partners, officers, directors, shareholders, members, agents, employees, servants, predecessors, successors, assigns, parent companies, subsidiaries, related companies, affiliates, insurers, attorneys, grantees, assigns, transferees, representatives, and agents from any and all liability for bodily injury or property damage of any kind sustained in association with participation in the program, whether such bodily injury or property damage is caused by the negligence of Keep Akron Beautiful, the City of Akron, or their present and former partners, officers, directors, shareholders, members, agents, employees, servants, predecessors, successors, assigns, parent companies, subsidiaries, related companies, affiliates, insurers, attorneys, grantees, assigns, transferees, representatives, and/or or agents, or otherwise.

I hereby grant Keep Akron Beautiful permission to use my name, image, and likeness in a photograph, video, and/or other digital media (collectively “Media”) in any and all of its publications, including web-based publications, without payment or other form of consideration. I hereby irrevocably authorize Keep Akron Beautiful to edit, alter, copy, exhibit, publish, or distribute this Media for any lawful purpose.

I covenant and agree to indemnify and hold harmless Keep Akron Beautiful, the City of Akron, their present and former partners, officers, directors, shareholders, members, agents, employees, servants, predecessors, successors, assigns, parent companies, subsidiaries, related companies, affiliates, insurers, attorneys, grantees, assigns, transferees, representatives, and/or agents, from, against, and in respect of any and all claims, liabilities, obligations, losses, costs, expenses, penalties, fines, judgments, and damages (including amounts paid in settlement ,costs of investigation, and reasonable attorneys’ fees and/or expenses) with respect to any claim, liability, obligation, loss, cost, expense, penalty, fine, judgment, and/or damage (as further defined herein) relating to, resulting from, and/or arising from my participation in the Clean Up Akron Month volunteer program. I further agree to abide by all applicable rules and regulations promulgated by Keep Akron Beautiful.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant **Signature**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant **Printed Name**

\_\_\_\_\_  
Volunteer Daytime Phone Number

\_\_\_\_\_  
Date

✂ \_\_\_\_\_

**CLEAN UP AKRON Month/GREAT AMERICAN CLEANUP™**  
**Volunteer Agreement | Liability Release & Waiver | Photo Release**  
**(Minor)**

I/We, the undersigned, parent(s)/guardian(s) of \_\_\_\_\_, a minor **under the age of eighteen (18)**, do hereby grant permission for said minor to participate in the Clean Up Akron Month/Great American Cleanup™ volunteer program and in consideration of said minor being allowed to participate in said program I/we, intending to be legally bound, hereby for myself/ourselves, my/our heirs, executors, and administrators voluntarily assume all risks of accident or injury and release and forever discharge Keep Akron Beautiful, the City of Akron and their employees, representatives, officers and agents from any and all liability for bodily injury or property damage of any kind sustained in association with participation in said program, whether such bodily injury or property damage is caused by the negligence of Keep Akron Beautiful, the City of Akron or their employees, officers, or agents, or otherwise. I/We hereby grant Keep Akron Beautiful permission to use the likeness of said minor in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I/We hereby irrevocably authorize Keep Akron Beautiful to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

I/We covenant and agree to indemnify and hold harmless Keep Akron Beautiful, the City of Akron, their employees, officers and agents from all liability, loss and expense, including, but not limited to, damages, legal expenses and costs of defense, in any matter arising from the participation of said minor in the Clean Up Akron Month volunteer program.

I/We further agree that said minor will abide by all applicable rules and regulations promulgated by Keep Akron Beautiful.

I/We \_\_\_\_\_ have read this release, and with full understanding of the terms and of my/our full free will and accord do hereby set my/our hand(s) this \_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian **Printed Name**

**\*\*\* Return the above portion to Keep Akron Beautiful prior to cleanup \*\*\***

**Bottom portion for group leader during cleanup**

I/We, the undersigned, parent(s) / guardians(s) of \_\_\_\_\_, a minor under the age of eighteen (18), do hereby give my/our consent, in the event all reasonable attempts by volunteer group contact person, during Clean Up Akron Month/Great American Cleanup™, to contact me at \_\_\_\_\_ (phone) or to contact \_\_\_\_\_ (other parent / guardian) at \_\_\_\_\_ (phone) have been unsuccessful, for:

1. The administration of any medical treatment deemed necessary for my/our son/daughter by a licensed physician or dentist; and
  2. The transfer of my/our son/daughter to any hospital reasonable accessible.
- This authorization does not cover major surgery unless the medical opinion of two licensed physicians concurring the necessity for such surgery are obtained prior to the performance of such surgery.

**The following information is needed by any hospital or practitioner and having access to my/our son/daughter’s medical history:**

Allergies \_\_\_\_\_; Medication being taken \_\_\_\_\_

Physical impairments \_\_\_\_\_

**Other** pertinent facts to which physician should be alerted \_\_\_\_\_

I/We \_\_\_\_\_ have read this consent, and with a full understanding of the terms and of my/our full free will and accord to hereby sent my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian **Printed Name**