City of Watertown

Snow Removal Program

Student Application

2022-2023

City of Watertown, Department of Recreation and Council on Aging/Senior Center
Snow Shoveling Information for Students.

Hello Middle School and High School Students and Parents,

First and foremost, thank you very much for your interest in helping our elderly and disabled residents by shoveling snow this winter. We want to send along this letter for additional information on the program and to set expectations for the students and parents.

Each year dozens of residents' struggle with snow removal. This can be due to age, disability, or other health reasons. Watertown's aim is to help these residents by matching them with local students like you who will be assigned the job of shoveling the same resident's home for the duration of the winter. This helps both the resident maintain an active life and the neighborhood by keeping sidewalks usable for all.

The way the program will work:

- This year, thanks to a generous donation made by the Marshall Home Fund, students will have an opportunity to earn a stipend for their hard work. Students will receive a monetary gift card, a gift, pizza party and community service credit through Watertown High School.

- Students will be assigned a home (possibly with another student) near their own home and shall be responsible for shoveling that same property after each snowfall for the duration of the winter season.

- Students use their best judgment as to how long after the snowfall they shall conduct the shoveling, whether there is school or not. Please do your best to get there early, but school comes first.

- Students and their parents will be sent an email that contains their assignment, and it will include the contact information for any other students who are assigned with them.

- **Parents and students need to reply to this initial email to confirm that they have received their assignment and understand their responsibilities this winter.**

- Parents and students should use this email to coordinate their times to shovel.

- Students are advised not to check in with the house. **STUDENTS SHALL NOT ENTER THE HOMES OF ANY RESIDENTS THEY ARE SHOVELING AT ANY TIME.** Do not accept anything from residents.

- If you are unable to shovel, for example due to sickness or vacation, please contact the Recreation Department and the other students in your group.

- Students who do not already have a shovel will be provided one upon request.

- Participation is contingent upon signing the program's waiver.

Residents will also be informed not to invite students inside their homes, but it is worth mentioning a second time here that the job is just to shovel and no entrance into the homes is allowed. There is no need to check in with the residents. Please respectfully refuse if residents extend any other invitations.

The primary mode of communication for the program will be via email so please let me know if this is not the best way to be in contact with you or if there is an additional email address you would like me to add. Finally, if you need a shovel, please contact me as soon as possible and one will be provided for you.

We look forward to working with you this winter season and I will be in touch individually with more specific details. Feel free to contact us at any time with any questions and thank you again for helping our Watertown neighbors.

Kind regards,

Peter Centola
Recreation Director

Patrick George
Council on Aging/Senior Center Acting Director

Watertown Recreation Department
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recreation@watertown-ma.gov ● website: www.recreation.watertown-ma.gov

Student Application for Snow Removal Program

Who: Girls and Boys Grades 6 – 12
When: Winter of 2022-2023
Time: Earliest convenience after a snowstorm
Where: Watertown Community Neighborhoods

To Register Online:
Go to our website at www.recreation.watertown-ma.gov and select **"Online Registration"**

Description: Students will have the opportunity to earn a stipend and community service hours by clearing snow from main entrances, sidewalks, walkways, and driveways for Watertown residents who need assistance due to age, disability or other health reasons. The objective is to give students the chance to develop strong community spirit while earning a stipend and community service hours. Also, students who complete the program will be invited to an end of the year pizza party!

Watertown Recreation Department
Snow Removal Program
For Volunteers Grades 6-12

Name: _____ Address: _____

School: _____ Grade: _____ Age: _____ D.O.B. _____ Gender: _____

E-mail Address: _____ Cell Phone: _____

Daytime Phone: _____ Evening Phone: _____

By completing the information below, I understand that I am interested in shoveling snow for elderly and disabled Watertown residents. I understand that my contact information will be provided to the resident needing assistance, the students assigned to my group, and the Watertown Department of Recreation and the Watertown Council on Aging/Senior Center.

Student: _____ / _____
(Print) (Signature)

Parent/Guardian: _____ / _____
(Print) (Signature)

Parent Email Address _____ Cell Number _____

Please return your registration to the Watertown Recreation Office.
Do not return it to the school department.

CITY OF WATERTOWN
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the volunteer Snow Shoveling Program ("Activity") at any time during the current year (school year 2022-2023) I, for myself, my personal representatives, successors, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. **FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES INHERENT RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks");** (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or the actions or inactions of the "RELEASEES" named below; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), including the City of Watertown, the Watertown School Department. The Watertown Recreation Department, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ANY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF STUDENT PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: (Street) (City) _____

HOME PHONE: _____ CELL PHONE:_____

DATE: _____

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN'S SIGNATURE: _____

ADDRESS: (Street) (City)-_____

HOME PHONE: _____ CELL PHONE:_____

DATE: _____

A SPECIAL THANKS TO THE **MARSHALL HOME FUND** WHOSE GENEROUS DONATION THIS YEAR HAS MADE IT POSSIBLE TO FUND THE PROGRAM AND CONTINUE THEIR OUTSTANDING SERVICE TO THE COMMUNITY OF WATERTOWN.