**TOBACCO HERITAGE TRAIL**

**ROANOKE RIVER RAILS-TO-TRAILS, INC.**

**VOLUNTEER MAINTENANCE AGREEMENT**

**Applicant Information**:

Organization or Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trail Information**:

Location of Trail Segment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(County or Town)

Length of Trail Segment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of end points: Mile Marker \_\_\_\_\_\_\_\_

 Mile Marker \_\_\_\_\_\_\_\_

I/We understand each individual must sign a Volunteer Liability Waiver & Safety Checklist \_\_\_\_\_\_

I/We understand that trail adopter is responsible for providing a first aid kit, mobile phone, drinking water, hand tools or any other materials during trail activities \_\_\_\_\_

I/We understand use of heavy equipment, chainsaw, and/or power tools are the responsibility of the volunteer group. \_\_\_\_

RRRT is not responsible for any injuries, loss or damage suffered by the participant \_\_\_\_

I/We understand adoption of a trail segment renews automatically on the anniversary of date of adoption \_\_\_\_

I/We understand this agreement may be cancelled at any time by the Trail Adopter or RRRT with 30 days written notice to the other party \_\_\_\_

I/We understand Trail Work Log is to be submitted every four (4) months or on request \_\_\_\_

I/We agree to abide by all of the requirements and guidelines of the Adopt A Trail program and bring to the attention of the Coordinator any concerns about the program and our trail \_\_\_\_

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

Adopt A Trail Individual/Group Representative Date

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

Trail Coordinator Date

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

RRRT Board Member Date