The Auglaize County Solid Waste Management District
15502 Saint Marys River Road, P.O. Box 603, Saint Marys, Ohio 45885
Tel: (419) 394-1270 Dock Tel: (419) 394-6721 Fax: (419) 394-3417

PUBLIC NOTICE

A public notice is hereby published to inform all parents and legal guardians of minors (below the age of 18) that State Law requires a signed written permission release for all minors who volunteer their time and effort at the various recycling programs around Auglaize County. These release forms are available at all recycling locations, on www.auglaizecounty.org under Recycling/Waste, and can also be requested by calling 419 394-1270. The signed forms must be maintained on site by the recycling coordinator for possible inspection by the State of Ohio.

The State of Ohio Minor Laws also prohibits the operation of power-driven machinery and/or conveyors.

The Auglaize County Solid Waste Management District wishes to thank all volunteers in their recycling efforts, and encourage any and all interested groups to contact us for more information at 419 394-1270.

Scott Cisco,
District Coordinator
Auglaize County Solid Waste Management District

RECYCLING VOLUNTEER – UNDER THE AGE OF 18
PARENTAL/LEGAL GUARDIAN RELEASE FORM

Volunteer Name: _____

Age: _____ (if under 18)

Telephone Number: _____

Recycling Location (city/village): _____

Recycling Group Name: _____

EMERGENY CONTACT:

Name: _____

Relationship to Volunteer: _____

Telephone Number: _____

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for the recycling program, operated in conjunction with Auglaize County Solid Waste Management District. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the recycling program and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Auglaize County and the City/Village, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for the Recycling Program. I hereby release and discharge Auglaize County and the City/Village, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

SIGNATURE_____DATE_____

Please return this form to the recycling collection site coordinator.