

# Augusta Canal National Heritage Area

The Augusta Canal Authority established the Adopt-a-Canal Trail (ACT) program in 2010 to provide the opportunity for individuals, organizations and companies in the CSRA to be actively involved in caring for our community. Helping to maintain and enhance existing trails and waterways improves the resources for all to enjoy.

### **Thank You!**

We would like to begin by thanking you for volunteering to maintain a trail and/or waterway with the Adopt-a-Canal Trail (ACT) Program! Your time and effort is greatly appreciated. Because of you, we will be able to maintain and enhance existing trails and waterways to improve the resources for everyone to enjoy. Past volunteers have said they enjoy the satisfaction they gain through volunteering in the Augusta Canal National Heritage Area and we hope you will feel the same way.

## Requirements

A trail or canal segment must be adopted for a period of one year, renewable annually thereafter upon approval by the program coordinator. Volunteers are asked to visit the adopted section AT LEAST 4 times a year (approximately once every 3 months). But some areas need more help during busy season-March-October.

Before beginning the program, you will meet with the ACT Program Coordinator to go over information and instructions for maintaining the specific areas to meet management guidelines.

Once you are ready to begin, you will be able to choose the days and times that work best for you. Please check with the program coordinator prior to scheduling your trip to inquire about other activities that may be scheduled in the area. After each visit, send a brief written report and your data collection sheets to the ACT Program Coordinator, so that we may keep track of your efforts.

Individuals of any age may participate. Anyone under the age of eighteen (18) must be properly supervised by an adult. Close adult supervision is required at all times for children under the age of eight (8).

Volunteers are asked to provide their own trail maintenance tools but will be provided with garbage bags for litter pickup.

Volunteers should dress appropriately for waterway and trail work and use gloves, safety glasses and other protective gear when necessary. All work must take place during daylight hours and be performed with safety in mind. Volunteers are not permitted to use chainsaws or have motorized equipment in the Augusta Canal National Heritage Area. No work shall be done that is not previously agreed upon with the ACT Program Coordinator and all volunteers must sign a liability waiver.

If you have questions or you come upon something during your cleanup that you are unable to properly dispose of or move, please inform the ACT Program Coordinator at <a href="mailto:jshurtleff@augustacanal.com">jshurtleff@augustacanal.com</a>.

### Adoptable Trail Areas (subject to availability)

#### **Towpath and Trails**

Headgates/Savannah Rapids Pavilion to I-20 Old Fish Camp Trail

I-20 to Pumping Station

The Clearing

Towpath from Pumping Station to Lake Olmstead Bulkhead Gate

Riverlook Dr. Trailhead

River Levee Trail

Mitigation Garden

Aqueduct Area

Singletrack Mountain Bike Trails

Lake Olmstead Park

Lakeshore Loop/Fishing spot

Lake Olmstead Trailhead/bathrooms

Lake Olmstead Bulkhead Gate to Broad Street along both sides of the canal

Mill Village Trailhead

Broad Street to 15<sup>th</sup> Street along both sides of the canal

15<sup>th</sup> Street to 13<sup>th</sup> Street along both sides of the canal

River Shoals Nature Trail

Greene St. Bridge/Third Level Area between 12<sup>th</sup> and 13<sup>th</sup> St.

Third Level Urban Trail 12<sup>th</sup> St. to 6<sup>th</sup> St.

#### Waterway

Headgates/Savannah Rapids Pavilion to I-20

Lake Olmstead

Lake Olmstead to 13<sup>th</sup> Street

# **Checklist/Reporting Procedures**

| □ Form an Adopt-a-Canal Trail (ACT) volunteer group (adopting organization).   |
|--|
| Choose a Designated Representative and an Alternate contact person for the Adopting<br>Organization.   |
| <ul> <li>After speaking with the ACT Program Coordinator, choose a site to be formally<br/>adopted by the Adopting Organization and assess the status of the area.</li> </ul>  |
| <ul> <li>Create a tentative list of cleanup activities the Adopting Organization would like to<br/>perform.</li> </ul>   |
| □ Create a tentative list of dates to perform each activity.   |
| □ Submit appropriate form to the ACT Program Coordinator   |
| □Program Enrollment Form   |
| □Waiver for each participant   |
| □List of Prospective Dates and Activities  |
| □ Become familiar with the safety guidelines included in this booklet.   |
| □ At least one (1) week prior to your event(s):  |
| □Inform the ACT Program Coordinator via email of your intended activity and whether or not you would like them to be in attendance at the beginning of your event to go over safety procedures and be available to answer questions.                           |
| □Check out trash bags and litter pick-up sticks from the Augusta Canal National Heritage Area offices. (Optional)  |
| □ On the day of the event, conduct a safety meeting with the program participants to review the safety information supplied. Be sure you have a waiver completed by each participant.  |
| □Collect trash and dispose of trash bags or leave them in a location easily accessible to vehicles. If you leave the bags to be picked up, call or email the ACT Program Coordinator with the location of the trash bags so they can be picked up the next day |
| <ul> <li>Within three (3) days of the event, return the litter pick-up sticks to the Augusta Cana<br/>National Heritage Area offices.</li> </ul>   |
| □ No more than two (2) weeks after your event, submit the Data Card of what you observed in the area, the number of trash bags you filled and any interesting items you may have found.  |



## **Program Enrollment**

### **Adopting Organization Information**

| 1.                    | Adopting Organization  | Name (Please Print) _   |   |  |  |
|-----------------------|--|---|---|--|--|
| 2.                    | Approximate Number o   | f Organization Volunt   | teers   |  |  |
| 3.                    | Name of Designated Re  | presentative (Please P  | Print)  |  |  |
|                       | Home Phone Number (r   | nobile or landline)   |   |  |  |
|                       | Work Phone Number (n   | nobile or landline)   |   |  |  |
|                       | Email Address  |   | Fax No  |  |  |
| 4.                    | Address (Please Print)   |   | Street  |  |  |
| 5.                    | Name of Alternate Cont<br>Home Phone Number (r   | City<br>cact Person (Please Pri   |   | Zip  |  |
|                       | Work Phone Number (n   | nobile or landline)   |   |  |  |
|                       | Email Address  |   | Fax No  |  |  |
| Ac                    | loption Information  |   |   |  |  |
| Na                    | ame of Waterway and/ or  | Trail   |   |  |  |
| Lo                    | cation   |   |   |  |  |
| Pla                   | anned Waterway and/or T  | rail Activities   |   |  |  |
| Na                    | me of Adopting Organiz   | ation as you would lik  | e to have printed on th   | e sign in your adopted   | l area   |
| (pl                   | ease print)  |   |   |  | _  |
| Ca<br>are<br>Co<br>De | ntement of Agreement I has nal Authority with regard to a formally agreeing to adopt ordinator for the period of signated Representative, I apprisions. All member volun | o its Adopt-a-Canal Trai<br>the trail and/or waterwa<br>12 months beginning on<br>am responsible for inform | 1 Program. I also underst ay agreed upon with the the date signed below. Aming the members of the | tand that by signing this Adopt-a-Canal Trail Pro As the Adopting Organiz organization of all risk a | document, I/we<br>ogram<br>zation's<br>and release |
|                       | G: 1   |   |   |  |  |

### Adopt-a-Canal Trail (ACT)

### **Volunteer Sign-Up**

| Name/Phone/Email Address | Read<br>Safety | Signed<br>Waiver |
|--------------------------|----------------|------------------|
|                          | Safety         | waivei           |
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Please complete this form with names of all individuals participating in your ACT volunteer team. Once each individual has read through the safety information and signed the waiver, make sure to check it off on this sign-up form. When completed, please return this form with the signed waivers (keep a copy of the waivers for yourself) to the ACT Volunteer Coordinator.

#### MEDICAL RELEASE, PHOTO RELEASE, & LIABILITY WAIVER FORM

<u>Voluntary</u> - My participation in this Waterways Cleanup is voluntary. I will follow instructions of my placement and perform my service to the best of my ability. I will select the activities in which I will participate. I will choose activities that are within my physical capacities. I will stay away from the water if I cannot swim and/or if I have any open cuts.

<u>Assumption of Risk</u> - I realize that during this Cleanup, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to (a) clean up slippery canal, stream and river banks, (b) canoe in or wade in a canal, stream or river that may contain strong currents or uneven bottoms, (c) clean up near highways or roads, (d) cut vegetation with sharp tools, (e) pick up sharp items, and (f) clean up in or near a canal, stream or river that may contain harmful pollutants, bacteria, or parasites. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could: (a) receive cuts and abrasions, (b) lose personal property such as watches or jewelry, and (c) suffer serious bodily injury.

<u>Waiver</u> - I release the sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims of any kind that relate to my participation in the Cleanup. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

<u>Hold Harmless</u> - I hold the sponsors, organizers, volunteers, and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the Cleanup.

<u>Medical Treatment</u> - If I am injured during the Cleanup, the organizers or volunteers of the Cleanup may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the Cleanup, it is my responsibility to seek appropriate medical care and to notify the Cleanup organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this event.

<u>Pictures</u> - I agree that any pictures or videos taken of me or my children/dependents during the Cleanup can be used for future promotional campaigns.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

| Participant's Printed Name |           | Parent's Printed Name (if participant is under 18) |    |
|----------------------------|-----------|--|----|
|                            |           |  |    |
|                            |           |  |    |
| Signature                  |           | Parent's Signature                                 |    |
| Date:                      |           | Phone Number:                                      |    |
| Address:                   |           |  |    |
| Email:                     | Group Nam | e (Organization):                                  |    |
|                            |           |  |    |
| Emergency Contact Person:  |           |  |    |
| N                          | Jame      | Phone Number                                       | 2F |

Augusta Canal National Heritage Area 1450 Greene St Suite 400 Augusta GA 30903 706-823-0440 ext 8 adoptatrail@augustacanal.com

### SAFETY REMINDERS

- 1) Never work alone.
- 2) Always wear work gloves, shoes, and protective clothing.
- 3) Know the location of the first aid kit for your cleanup site.
- 4) Be careful when handling broken glass, sharp objects aerosol cans, and containers that may contain chemicals or chemical residues. When in doubt DON'T PICK IT UP!
- 5) Watch out for snakes, wasps, and hornets in debris piles and other vegetated areas.
- 6) Watch out for poison ivy and poison oak. If you are uncertain what it looks like, ask the event organizer to point it out.
- 7) Do not disturb any large drum-like containers. Report the locations of such items to your zone captain and/or event organizer.
- 8) Use common sense about lifting heavy objects. Get help. Don't try and remove objects that cannot be removed safely.
- 9) Stay clear of all and any animals in the area including dogs.
- 10) Report any accidents or injuries to your zone captain and/or event organizer immediately.
- 11) Be aware of water flow fast moving water can be dangerous. Do not wade in water over your knees.
- 12) Stay away from the water if you cannot swim.

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