

**Lake Martin
Treasured Mile Program**

LAKE MARTIN TREASURED MILE PROGRAM APPLICATION		
RESPONSIBLE INDIVIDUAL/PRIMARY CONTACT		
Name:		
Email:	Phone:	
Current address:		
City:	State:	ZIP Code:
Relationship to Adopting Group:		
ADOPTING GROUP INFORMATION		
Adopting Group Name:		
Mailing address:		
City:	State:	ZIP Code:
Approximate Membership #:		
VOLUNTEER INTERESTS		
<p>Our group is interested in adopting one of the following areas: (See map of eligible areas on LMRA website). Please list in order of preference.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>		
ADDITIONAL KEY CONTACTS		
Name:	Phone:	Email:
Name:	Phone:	Email:
SIGNATURE		
Signature of applicant: _____ I/(my group) understand that this activity is voluntary and intended to be recreational with a goal of helping to maintain these areas in order to help provide beauty and openness for the benefit of the public also assist in providing for a cleaner, healthier and more attractive recreational environment at Lake Martin.		Date: _____
SUBMIT YOUR APPLICATION		
Return By Mail: LMRA Attn: Treasured Mile Program 2544 Willow Point Road Alexander City, AL 35010	Complete & Submit Electronically Adobe Acrobat required https://get.adobe.com/reader/ How to sign and send your completed form: See "HOW TO SIGN AND SEND THE FORM" below.	

Agreement / Release / Waiver Form

In consideration of permission to participate in the Lake Martin Treasured Mile Program, and recognizing that this program will involve activities which because of their nature and close proximity to water and types of litter handled are inherently dangerous, I/ (My organization) intend(s) to be legally bound hereby, for myself, my heirs, executors and administrators, and voluntarily assume all risks of accident or injury and release and forever discharge the LMRA, APC and RL and their respective employees, officers and agents from any and all liability for personal injury or property damage of any kind sustained in association with my/ (our) participation in the program.

I (My organization) covenant and agree to indemnify and hold harmless LMRA, APC and RL, their respective employees, officers, and agents, from any liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from my participation in the Lake Martin Treasured Mile Program.

PARTICIPANT (signature)

DATE

PARTICIPANT (name printed)

ORGANIZATION/GROUP

HOW TO SIGN AND SEND THE FORMS

- Save the form to your computer
- Open it with Adobe Reader DC (www.adobe.com/reader/)
- Click TOOLS > FILL & SIGN
- Complete the form fields
- For SIGNATURE fields, click the SIGN icon at the top of the window
 - o Click on "Signature" in the popup menu
 - o Crosshairs and a script, auto-generated signature appear on your cursor
 - o Place it in the SIGNATURE field of the form and click
- To send, click the SUBMIT button