




## *Student Speed Watch Program*

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Thank you for your interest in operating a *Student Speed Watch* project! This project will involve the operation of a radar-equipped digital message board, and the completion and submission of a *Student Speed Watch* Report form.

During your project, you may wish to report aggressive driving behaviour observed, to Peel Regional Police through the ROAD WATCH program.

### **The following items are enclosed:**

- ▶ **'Step by Step'** Information about the *Student Speed Watch* Program
- ▶ Form 1 - *Student Speed Watch* Application
- ▶ Form 2 - *Student Speed Watch* Medical Authorization / Waiver of Liability
- ▶ Form 3 - *Student Speed Watch* Project Report
- ▶ Six (6) **ROAD**  **WATCH** Report Forms\*

\*(if this package is received by email, ROAD WATCH report forms are available on the City of Mississauga web site: <http://www.mississauga.ca> under [Residents] [Roads, Sidewalks, Traffic] [Road Watch]  
Paper copies of the ROAD WATCH Report Forms are also available at the Community Centres, Libraries and Peel Regional Police Community Reporting Centres.

Please contact the Traffic Operations division of the Transportation and Works Department at 905-615-3200 x 4796 if you need assistance identifying a location for your project.

The radar message board and radar equipment will be booked only upon receipt of a properly completed Application and Waiver of Liability Forms.

Traffic Operations staff will provide you with instructions on how to set up and operate the unit, and for return of the equipment at the end of your project.

You may submit your application by mail (Canada Post):

Safe Driving Committee Coordinator, Office of the City Clerk  
300 City Centre Drive, Mississauga, ON L5B 3C1

OR by Fax 905-615-4181

OR by delivery to the Clerk's Office on the 2nd Floor, Civic Centre [address above]

## *Student Speed Watch* **'Step by Step'**

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1. Organize a *Student Speed Watch* project team. Your team should consist of:
  - a minimum of 1 adult being 19 years of age or older who will remain at the site during the entire project, and
  - a minimum of 4 student volunteers who are a minimum of 12 years of age.[We suggest not more than 6 students be on a team.]

**Important: The authorizing adult** (e.g. parent, member of the Parent Council or teacher) **will have to sign FORM 1** to confirm their approval of the location. If the project is being done **during school hours, the School Principal must also sign FORM 1.**

2. Choose a roadway location which your Parent(s) or Parent Council organization and school Principal agree is suitable for a *Student Speed Watch* project.
3. Choose a date and time period for your observation (e.g. Saturday, 11am to 1pm)

**Caution!!**

*Your project observation time must be within daylight hours, on clear weather days.  
Your project location must not block access to the sidewalk, crosswalk or a driveway.*

4. You must apply at least 14 days prior to the date on which you have chosen for your project.

TO APPLY for a *Student Speed Watch* project, you MUST COMPLETE AND SUBMIT  
**FORM 1: Application** (one for your project team) and  
**FORM 2: Medical Authorization/Waiver of Liability** for each person on the project team

**Submit** the completed FORM 1 and all FORM 2s to the Office of the City Clerk by  
**Fax: 905-615-4181** or **Mail** or **Deliver** to the  
**Safe Driving Committee Coordinator,  
Office of the City Clerk, 2nd Floor, Civic Centre  
300 City Centre Drive, Mississauga, ON L5B 3C1**

**Then** two (2) business days after the date of faxing or hand delivery  
or 6 days after mailing, **telephone the Traffic Operations** staff at 905-615-3200 x 4796,  
to:

- A. Confirm your booking of the equipment; and
- B. Arrange a convenient time for an adult volunteer on your project team to retrieve the equipment, and to get instructions for its set up, operation, disassembling and its return to 3484 Mavis Road, Mississauga.

5. Before your project day, review the *Student Speed Watch* Report (FORM 3) with all volunteer members of your project team.

Decide who will be operating the equipment, filling out the forms, or how you will take turns doing a little of each task, and in which order.

6. On your project day, arrive at your project site in time to set up and test the equipment to make sure it will operate when your project time commences. (It would be beneficial for the adult volunteer to have a cellular telephone with them.)

**Caution!!**




- ▶ Remain a safe distance from the travel lane of the roadway.
- ▶ Do not stand on or sit upon the curb of the road.
- ▶ All members of your project team must wear visible clothes (bright colours).
- ▶ Avoid confrontation with any drivers.


**REMEMBER that your adult volunteer is responsible for your safety!**  
**RESPECT AND OBEY the directions this person gives you regarding your safety.**


7. Operate your *Student Speed Watch* project!

Fill out the *Student Speed Watch* Report (FORM 3) carefully!

The information you provide will be very helpful to both the City's Traffic Operations staff and the Peel Regional Police!

If you wish to report incident(s) of aggressive or unsafe driving activity that you observe while operating your project, you can report this by completing\* the ROAD  WATCH form(s). ROAD  WATCH reports can be submitted by Fax or delivered to the Peel Regional Police at the locations listed on the ROAD  WATCH brochure.

*\*Please note that a ROAD  WATCH report form must be signed by a person 18 years of age or older, in order for the Police to process it.*

**Submit ROAD  WATCH Report Forms directly to Peel Regional Police**  
**Fax: 905-456-5911 or delivery to a location on the brochure.**

8. When your project completes, pack up the equipment, and set aside your *Student Speed Watch* Report (FORM 3).

A. Return the equipment. Your adult volunteer(s) who picked up the equipment from the Traffic Operations staff, have instructions for its return.

B. The completed your *Student Speed Watch* Report (FORM 3) is to be submitted to the Mississauga's Safe Driving Committee, by:

**Fax:** 905-615-4181

OR **Mail** (Canada Post),

OR **Deliver** to the Safe Driving Committee Coordinator  
Office of the City Clerk, 2nd Floor, Civic Centre  
300 City Centre Drive, Mississauga, ON L5B 3C1

**APPLICATION FORM**

Name/Title of Authorizing Party(s): \_\_\_\_\_

\_\_\_\_\_

**\*Approval of School Principal:** \_\_\_\_\_

(\*if participation is for Community Volunteer hours)

\_\_\_\_\_

This application is in request, and provides authorization for the individuals named below, to participate with a Student Speed Watch program project at:

(Location): \_\_\_\_\_

\_\_\_\_\_

**THE PROJECT TEAM PARTICIPANTS ARE:**

Supervising adult(s) name(s): \_\_\_\_\_

\_\_\_\_\_

& address & telephone #s

\_\_\_\_\_

& address & telephone #s

Students' names & addresses)

**#1** \_\_\_\_\_

\_\_\_\_\_

**#2** \_\_\_\_\_

\_\_\_\_\_

**#3** \_\_\_\_\_

\_\_\_\_\_

**#4** \_\_\_\_\_

\_\_\_\_\_

**#5** \_\_\_\_\_

\_\_\_\_\_

**#6** \_\_\_\_\_

\_\_\_\_\_

**PROJECT REPORT**

(please print or type)

**Project Team (Leader):** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

(street name) (which side of the road?)

**Project Date** \_\_\_\_\_ **Time: Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Weather Conditions:** Dry Rain Snow Ice Sunny Cloudy Foggy

Other \_\_\_\_\_

**Roadway / Area Conditions**

(Where choices are provided, circle your answer)

**Road Grade:** Flat Uphill Downhill Straight Curved Underpass Railway Crossing

**Posted Speed Limit(s):** 40 km/hr 50 km/hr 60 km/hr 70 km/hr Other: \_\_\_\_\_ km/hr

**Number of Lanes (each way)** \_\_\_\_\_ Approximately how wide is the road? \_\_\_\_\_ ft. / \_\_\_\_\_ m

**Is there a centre median or boulevard?** Yes No If yes, a median or Boulevard?

**Are there Sidewalks?** Yes No On One Side ? Or Both?

**Is this Road Near an Intersection?** Yes No If Yes, 4-Way or 3-Way

**Does This Intersection Have Traffic Lights:** Yes No If no, is there **Stop Signs?**

**What Other Signs are Posted?** Merge Yield School Zone Pedestrian Crossing

Other \_\_\_\_\_

**Is there a Cross Walk?** Yes No **Is there a School Crossing Guard ?** Yes No

**Visibility for Pedestrians Crossing the Roadway:** Poor Fair Good

**Are there Cars Parked on this Street ?** Yes No If Yes, on both sides? Yes No

**Sight Obstructions:** Hedge(s) Tree(s) Shrub(s) Fence(s) Bus Shelter Newspaper Boxes

Other \_\_\_\_\_ (e.g. Business signs, Entrance/Exit signs)

**What Buildings can you see?** \_\_\_\_\_

(e.g. School, Businesses, Shopping Mall, Shopping Plaza, Hospital, Community Centre / Library)

**How Many Driveways Are In Your Study Area?** \_\_\_\_\_

**Vehicle Count & Rate of Speed**

What is the posted Speed Limit?

25 km/hr  30 km/hr  40 km/hr  50 km/hr  60 km/hr  70 km/hr

other: \_\_\_\_ km/hr

**Chart the travel speeds of the vehicles observed.**

**Mark the vehicle counts with hatching ( *///* ) in groups of 5**

km	UNDER the posted speed limit by:	OVER the posted speed limit by:	Total Vehicles Observed
5			
10			
15			
20			
25			
30			
35			
40			
45			
50			
other			

***Thank you for being a Safe Driving community volunteer!***

Submit your ***Student Speed Watch*** project results to  
**Mississauga's Safe Driving Committee**

Fax: 905-615-4181  
 or mail, or deliver in person to the  
 Office of the City Clerk, 2nd Floor, Civic Centre  
 300 City Centre Drive, Mississauga, ON L5B 3C1

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## Medical Authorization / Waiver of Liability Form

(Each individual participant of a Student Speed Watch project must complete and submit this Form)

**Participant's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Birth Date:** \_\_\_\_\_  
(Year) (Month) (Day)

**Address:** \_\_\_\_\_  
(Number) (Street Name) (Apt./Unit#)

\_\_\_\_\_  
(City) (Province) (Postal Code)

**Phone Number(s):** ( \_\_\_\_ ) \_\_\_\_\_ / ( \_\_\_\_ ) \_\_\_\_\_

*If the participant is less than 18, a Legal Guardian must complete the following:*

### PARENT OR LEGAL GUARDIAN'S PERMISSION:

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Number) (Street Name) (Apt./Unit#)

\_\_\_\_\_  
(City) (Province) (Postal Code)

**Phone Number(s):** ( \_\_\_\_ ) \_\_\_\_\_ / ( \_\_\_\_ ) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION *(if different from above):*

**Name:** \_\_\_\_\_  
(Surname) (Given name) (Middle Initial)

**Address:** \_\_\_\_\_  
(Number) (Street Name) (Apt./Unit#)

\_\_\_\_\_  
(City) (Province) (Postal Code)

**Phone Number(s):** ( \_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_



Medical Authorization / Waiver of Liability Form

BY SIGNING BELOW YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Waiver of Liability and Indemnity

The Participant(s) and/or Guardian agree to hereby hold harmless and indemnify the City of Mississauga, the Adult Volunteer and/or other Participants for any all liability for any property damage or personal injury to any third party resulting from participation in this Program. The Participant and/or Guardian as well as all family members, heirs, assigns, next of kin or personal representatives hereby further agree that the City of Mississauga, the Adult Volunteer and/or other Participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, death, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by this Agreement, whether or not such injury, damage or loss occurred as result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the Occupiers Liability Act and/or breach of contract on the part of the City of Mississauga, the Adult Volunteer and/or other Participants.

Assumption of Risks

Participation in this Program involves various risks, dangers and hazards which all Participants are required to assume. The Participant and/or Guardian hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting there from.

Consent to Medical Treatment

The Participant and/or Guardian agree to hereby give permission to have the City of Mississauga, the Adult Volunteer and/or other Participants arrange for any emergency medical care including hospitalization/transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances.

I HAVE READ THE WAIVER OF LIABILITY AND INDEMNITY, ASSUMPTIONS OF RISKS AND CONSENT TO MEDICAL TREATMENT, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signatures of Participant Print Name Clearly Date Signed

AND, if the participant is less than 18 years of age,

Signatures of Legal Guardian Print Name Clearly Date Signed

FAX to Office of the City Clerk 905-615-4181

Mail the signed originals to: City of Mississauga (Committee Coordinator, Office of the City Clerk) Give a copy to: Adult Volunteer and the Participant's Parent or Guardian