

City of Enid Adopt-A-Park Agreement

Name of Park or Location _____ (New or Renewal)

Address of Park or location _____

Date of Adoption _____ (Care-giver **or** Contributor*)

*contributions are tax deductible as a 501C3

Name or Group Contact _____ Group Name _____

Address _____ City _____ Zip code _____

Daytime telephone _____ E-mail _____

Please complete and deliver the entire form to the City of Enid offices or mail to:

City of Enid Park Dept.

P.O. Box 1768

Enid, OK 73702

Questions? call 234-0400

Types of adoptions available (Please check your preference)

Caregivers

Litter control (minimum of twice per month)

Litter control and Supplemental mowing/grass edging

Watering

Landscaping improvements (upon approval of Park Board)

Please specify _____

Special Projects--Obtain current list from the Park Department. May include painting and/or refurbishing of facilities that need attention.

Financial Contributor

General park care or Specific Project* _____

Amount \$ _____ *requires approval of Park Board

Recognition

Do you wish to be included on our annual CONTRIBUTORS LIST? (Yes/No)

Volunteers

How many volunteers do you expect to help fulfill your adoption commitment?-----

Do you plan to hire any workers? (Yes/No) (Such as nurserymen, lawn care companies)

Caregiver Agreement

I/We agree to adopt the above named property of Enid for a minimum of one year. I/we agree to fulfill the minimum requirement of keeping our property litter free. I/we agree to properly dispose of all trash and lawn waste. I/we agree to obtain written permission for any landscaping activities including paid lawn care or tree-care professionals, planting of trees, shrubs, flowers or ground covers or construction installation of any fixtures such as planters, walkways, fences, signage, etc. I understand that the City of Enid and City of Enid Park Board is not liable for any injuries, accidents, or damage that might occur under this agreement. I agree to notify the City of Enid Park Department of any changes in group or contact information.

Signature of Contact Person _____ Date _____

Approved/Disapproved City of Enid Park Board _____ Date _____

City of Enid
Release and Waiver of Liability
Adopt-A-Park Program

The City of Enid and Park Board Adopt-A-Park program enables organizations and citizens to help maintain the beauty and appearance of public lands by adopting designated areas. As a condition of participation in the Adopt-A-Park program, I execute this Release and Waiver.

I fully understand that there is a risk whenever I am in the park area, median, street right-of-way or near traffic and streets. I further fully understand the risks of picking up litter in my adopted area and along city streets due to the proximity to vehicular traffic, hidden and latent objects, insects and holes.

I agree to stay off City streets while collecting trash, to be alert to traffic when entering and exiting my adoption site or on City streets, to avoid grass cutting and construction activities on or nearby these locations, and to follow the instructions, terms, conditions and recommendations from the City of Enid and the City of Enid Park Board.

I understand with regard to my volunteer activities under the Adopt-A-Park program that I am not employed or an agent of the Park Board or the City of Enid and I am not covered by any insurance or workman's compensation coverage by virtue of the Adopt-A-Park agreement or by my participation in the Adopt-A-Park program.

I do hereby release and forever discharge and hold harmless the City of Enid and the City of Enid Park Board and their officers, agents, employees, successors and assigns from any liability claims and causes of action for any damages and/or injuries which may result from my participation in the City of Enid Adopt-A-Park program.

I agree to hold harmless the City of Enid and the City of Enid Park Board, its officers, agents and employees from liability for any damages or injuries resulting from any acts or failure to act on my part during my participation in the City of Enid Adopt-A-Park program. I also understand that the City of Enid does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER AND AGREE TO ABIDE BY ITS PROVISIONS

Signature _____ Date _____

Print Name _____ Age _____

Address _____

Parent or Legal Guardian (if participant is under eighteen years of age)

Signature _____ Date _____

Print Name _____ Relationship _____

Address _____

Please read form thoroughly, complete, and return to the City of Enid Park Department along with your adoption certificate. Any questions, please call the park department at 234-0400.