



CITY OF ELKO NEW MARKET ADOPT-A-PARK ACKNOWLEDGMENT FORM

Date: _____

Volunteer's Name: _____

Organization Representative Name (if applicable): _____

Volunteer's Email: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Designated Park, Select the Park Designated to Your Group Below:

Designated Park	Park
	Boulder Heights Park
	Historic Elko Park
	Kelly Glen Park
	Little Windrose Park
	Pete's Hill Open Space
	Rowena Pond Park
	Wagner Park
	Whispering Creek Park
	Whispering Hills Park
	Windrose Park
	Woodcrest Park

The City will provide necessary equipment for park cleanup including gloves and bags. Equipment pickup will be at City Hall (601 Main Street) and coordinated between City Staff and the Group's designated contact.

Cleanup dates will be communicated between City Staff and the Group's designated contact. Cleanup dates are weather dependent. A minimum of three cleanup dates will be determined annually.

Acknowledgment

I wish to participate in the Adopt-A-Park Program (the "Activity"). I state and affirm that:

- My participation is voluntary. No one is forcing me to participate
- I acknowledge the Activity is NOT an ESSENTIAL service provided by the City

- I understand and acknowledge the Activity I am about to voluntarily engage in as a participant has certain risks, including but not limited to, sprains, strains, bruises, cuts, broken bones, head injuries. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons and their property
- In consideration of being allowed to participate in the Activity, I hereby personally assume all risks in connection with the Activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City
- This waiver does not apply to any injuries or damages that are the result of any **willful, wanton, or intentional** misconduct by the City or anyone acting on behalf of the City
- I understand that entering into and signing this agreement affects my legal rights and result in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will
- The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased

Signature of Participant (if minor, guardian signature required)

Date

Print Name

Signature of Parent or Guardian (if applicable)

Date

Print Name

Relationship to Participant

FOR CITY USE ONLY

DATE RECEIVED BY STAFF: _____

RECEIVED BY: _____
