



City of Racine

Parks, Recreation & Cultural Services

ADOPT-A-PARK APPLICATION

Organization/Group/Individual Name: _____
(Name on the Adopt-A-Park sign will appear as written on this line.)

Contact Person: _____ Title/Position: _____

Address (City, State, Zip): _____

Phone #: _____ Fax #: _____ E-mail: _____

Best time to contact you? ☐ Morning ☐ Afternoon ☐ Evening Estimated # of volunteers: _____

Participants are a(n): ☐ Individual ☐ Organization ☐ Group _____

Program List: ☐ Litter pick-up ☐ Weeding ☐ Mulch ☐ Flower/Planting Beds ☐ Invasive Species Removal

Park Requested for Adoption: _____

2nd Choice: _____ 3rd Choice: _____

Please supply us with a brief description of activities you, your group or organization would like to perform as part of the Adopt-A-Park Program.

STATEMENT OF AGREEMENT:

As a representative of this family, group or organization, I have read and agree to follow the policies, regulations and safety guidelines of the City of Racine's Parks Recreation & Cultural Services Adopt-A-Park Program. I agree to ensure all members of this group have signed a City of Racine PRCS Volunteer Waiver and Hold Harmless agreement and all minors participating have a waiver signed by a parent/guardian. I agree to notify the PRCS Department of any changes in the contact or contract information. I understand a City PRCS representative will contact me to finalize an agreement. We have also provided a letter of support and understanding from the organization/group President/Director stating that the organization/group will be participating in the City of Racine Parks, Recreation & Cultural Services Adopt-A-Park Program.

I understand the City of Racine PRCS Adopt-A-Park Coordinator will make the final determination as to whether a family, group or organization can participate and the final adoption location.

Signature

Date

FOR OFFICE USE ONLY

Date application received: _____ Processing PRCS Rep Initials: _____

Assigned Location: _____ Adoption Dates: From: _____ To: _____

New Signs: ☐ Yes ☐ No Date ordered: _____ Date installed: _____ Date of 1st project: _____

Special notes:



City of Racine Parks, Recreation & Cultural Services **ADOPT-A-PARK** **Waiver of Liability & Photo Release Form**

After this form is signed it will be valid until the City of Racine Parks, Recreation & Cultural Services Adopt-A-Park Program receives, in writing, notification that you wish to no longer grant permission for your image.

Adopt-A-Park Location: _____ Date(s) of Event: _____

Group Supervisor Information:

Name: _____ Phone #: _____ E-mail: _____

In consideration for being permitted to perform the described activities, the undersigned Volunteer agrees to release, indemnify and hold harmless the City of Racine, its departments, elected officials, officers, agents, employees and volunteers for any costs (without limit), damages, expenses or liability for personal injuries, bodily injuries, sickness, disease, death, property damage, or lost wages which arise in whole or in part out of or are in any manner connected with the below-described activities without regard to whose negligence caused the costs, damages, expenses or liability.

Volunteer acknowledges that Community Service is not related to, arising from, or incidental to employment with the City of Racine for any purpose.

Volunteer understands that he/she may be exposed to: **1)** adverse weather conditions and is solely responsible for appropriate clothing; **2)** regulation and non-regulation equipment or devices that may be hazardous when handled by careless or inexperienced persons; **3)** competitive/aggressive spectators resulting in verbal or physical confrontation; **4)** moving equipment and devices resulting in eye injuries, facial injuries, bruises, broken bones, muscular sprains and strains, and stress to the nervous system, skeletal system, circulatory system and respiratory system; and **5)** facilities, vehicles, equipment and devices that are subject to "wear and tear" malfunctions or design problems.

It is further understood that the described activity is not monitored or controlled by professionals; equipment and devices used may cause injuries to participants; and some activities carry inherent risk of bodily injuries, death or property damage.

The undersigned, an adult resident of the State of Wisconsin, hereby agrees that the City of Racine, its departments, officers, agents, and employees may take and use photographs of myself, or my minor children, during my visits to a Parks Department facility and open park space.

I hereby acknowledge that the City will use any and all photographs for promotional purposes, and that I shall not receive any monetary compensation or other consideration in exchange for the use of said photographs. Further, I acknowledge that all photographs are the property of the City of Racine and failure to return this release form within ten (10) days from the date of distribution will constitute approval of the above requests.

I have read this waiver of liability and photo release, fully understand its terms, and understand that I have given up substantial rights by signing it.

Volunteer Information (please print legibly):

Name: _____ Age: _____ Grade: _____ School: _____

Address: _____ City, State, Zip: _____ Phone number: _____

Signature: _____ Date: _____ E-mail: _____

If the volunteer is a minor, parent please complete the below information:

Name: _____ Phone: _____ E-mail: _____

Signature of parent/guardian: _____ Date: _____