

## ADOPT-A-PARK PROGRAM APPLICATION

Name of Group: \_\_\_\_\_

Name of Group Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Park Choice (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_

E-mail address: \_\_\_\_\_

The City of New Brighton reserves the right to refuse, cancel or revise this agreement if in its sole judgment the nature of the adopting group is political, controversial or in questionable taste or if the group is not meeting the terms of this agreement. By signing this agreement, the group acknowledges the nature of the work and agrees to comply with the terms and conditions here with to the satisfaction of the City of New Brighton and the New Brighton Parks, Recreation and Environmental Commission. Except for negligent acts of the City of New Brighton, its agents and employees, the volunteers or their agents shall assume all liability for, and hold the City of New Brighton, its agents and employees harmless from, any and all claims for damages, actions or causes of action arising out of the work to be done herein.

Any and all volunteers of the group or other persons engaged in the performance of any work or service performed under this agreement shall not be considered employees of the City of New Brighton, and any and all claims that may or might arise under the Workers' Compensation Act of Minnesota and on behalf of said employees or other persons while so engaged, and any and all claims made by any third party of the group's volunteers or other persons while so engaged on any of the work or services to be rendered shall in no way be the obligation or responsibility of the City of New Brighton.

Signature of Group Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Please Return to:**  
[zoe.kesselring@newbrightonmn.gov](mailto:zoe.kesselring@newbrightonmn.gov)  
or  
New Brighton Parks & Recreation  
ATTN: Zoë Kesselring, Recreation Supervisor  
400 10th St. NW, New Brighton, MN 55112