



Real People. Real Possibilities.

### Select one of the following:

- Individual
- Business: \_\_\_\_\_
- Non-Profit Organization 501c3: \_\_\_\_\_
- Other (Title): \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### I/We would like to participate in:

- Donation Sponsorship
- Park Volunteer Sponsorship
- Volunteer (Other)

### Park or Trail to Adopt:

1st Choice: \_\_\_\_\_  
 2nd Choice: \_\_\_\_\_

*The Recreation and Parks Department will contact you if we are unable to accommodate your first choice.*

### Why does your group/organization wish to adopt the requested park?

*(i.e. based on location, does the park have a particular feature that interests you?)*

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### What volunteer tasks would you like to perform?

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### The City of Hilliard reserves the right to refuse, cancel or revise this agreement if the individual or group is not performing the duties required in a satisfactory manner.

Except for negligent acts of the City of Hilliard, its agents and employees, the volunteers or their agents shall assume liability for and hold the City of Hilliard its agents and employees harmless from any and all claims, actions or causes of action arising the participation of the volunteers.

Any and all volunteers of the group or other persons while engaged in the performance of any work or services performed under this agreement shall not be considered employees of the City of Hilliard.

\_\_\_\_\_  
Applicant or Guardian Signature\*

\_\_\_\_\_  
Date

*\*Parent/guardian signature is required if volunteer is under the age of 18.*

#### For Office Use Only

Date Application Accepted: \_\_\_\_\_  
 Park/Trail Assigned: \_\_\_\_\_  
 Liability Waiver Received:  Yes  No  
 Application Accepted/Processed By: \_\_\_\_\_  
 Adoption Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Date Signage Ordered: \_\_\_\_\_