

Town of Olathe, Colorado

ADOPT-A-PLANTER REGISTRATION

Town Hall (970) 323-5600 Contact: Barbara Kaylor 323-5997 or 209-2969)

Name: _____ Home Phone _____

Cell Phone# _____ E-mail Address: _____

Address: _____

Group/Organizations: _____

Names of All
Participants: _____

ADOPT-A-PLANTER WAIVER RELEASE

In consideration of my (and/or my child's) participation in the Adopt-A-Planter Program, I hereby release and discharge The Town of Olathe, Colorado from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the Town of Olathe, Colorado and the officials, agents, and employees of each from any and all claims resulting from injuries, damages and losses sustained by me (and/or my child/children's) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize the Town of Olathe officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and I agree that I will be responsible for payment of any and all medical services rendered. If any damages to Town of Olathe facilities, equipment, or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participated in, I will be responsible for any payment of any repairs and/or replacement needed. Also, the undersigned and/or participant(s) authorize the Town of Olathe to use at its discretion photograph(s) (black/white or color) taken of participants in Town of Olathe programs and activities for marketing in print or by electronic means.

Registration is not valid without signature. (Parent or legal guardian must signed if participant is under 18 years of age)

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

Flower Bed or Planter Location(s): _____

I agree to plant and maintain the aforementioned flower bed or planter during Spring, Summer and Fall of the current year as set forth in the rules and regulations of the Olathe Adopt-A-Planter Program.

Signature: _____ Print Name: _____ Date: _____