

**CITY OF PORT ST. LUCIE PARKS & RECREATION DEPARTMENT
ADOPT-A-PARK (AAP) LITTER REMOVAL PROGRAM APPLICATION**

ORGANIZATION/GROUP INFORMATION:

Organization &
Group Leader Names

Mailing Address:

Telephone: Cell:

Contact Person:
(Organizations list two (2) contacts)

E-Mail Address:

Telephone:
(Organizations list two (2) contacts)

ADOPTION INFORMATION:

Park Requested

Alternative Park:

Proposed Start Planned Schedule:
Date:

Approximate Number of Participants:

APPLICANT STATEMENT:

On behalf of _____ (Group), I have read and agree to the Procedures for the City of Port St. Lucie's Adopt-A-Park Litter Removal Program. I understand the nature of the proposed work that is to be performed and take responsibility for the group's participation in the program.

Applicant's Signature: Printed Name Title: Date:

RECOMMENDED [] APPROVAL [] DISAPPROVAL:

Parks & Recreation Director: Date:

:

**PARKS & RECREATION DEPARTMENT
ADOPT-A-PARK LITTER REMOVAL PROGRAM AGREEMENT**

THIS AGREEMENT, made and entered into this _____ day of _____
year 20 _____, by and between the CITY OF PORT ST. LUCIE hereinafter called the "CITY"
and _____ Hereinafter called the "GROUP"

WITNESSETH

WHEREAS; _____ is a part of the Park System in
Name of the Park or Property Parcel Identification
Port St. Lucie, Florida.

WHEREAS; the CITY is authorized to contract with the private sector for performance of its duties.

WHEREAS; the CITY has encouraged the implementation of an Adopt-A-Park program
for the participation of local Organizations /Citizen Groups in specific Park litter removal projects.

WHEREAS; the GROUP is desirous of adopting a minimum of 1 (one) Park to remove litter
from _____
(Park or Parcel Name)

NOW THEREFORE; the parties agree as follows:

I.

THE GROUP SHALL:

- A.** Adopt a minimum of a 1 (one) Park for litter removal a minimum of
12 (twelve) times a year, equivalent to once a month. If within any six (6) month period
our records indicate that there has been no activity from your group; a letter will
be sent requiring you to contact us immediately. Failure to do so will prompt the removal
of your group's Adopt-A-Park sign and further participation in the Program as a specified Group.

THE PARKS & RECREATION DEPARTMENT SHALL:

- A. Provide Adopt-A-Park sign(s) at site.
- B. Provide materials and supplies as specified for use by the GROUP.
- C. Remove large, sharp, or any hazardous objects reported by the GROUP.

II.

The GROUP covenants and agrees that it will indemnify and hold harmless the CITY, any maintaining agencies and all their officers, agents and employees from any claim, loss, damage, cost charges or expense arising out of any act, action, neglect or omission by the GROUP during the performance of the agreement, whether direct or indirect, and whether to any person or property to which the CITY or said parties may be subject, except that neither GROUP nor any of its members shall be liable under provision for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the CITY, any maintaining agencies, and all their officers, employees or agents.

III.

This agreement shall be non-lapsing; However, the CITY or GROUP may terminate this agreement for any reason upon fifteen (15) days written notice if deemed necessary to either party.

IV.

This agreement is for litter removal activities only. Any beautification or other improvement project proposed must be pursued by written submittal of the proposal and elements to the Parks & Recreation Director.

IN WITNESS WHEREOF; the parties hereto caused these present to be executed, the day and year first written above.

I CERTIFY that I am familiar with the information contained in this agreement and that I possess the authority to execute this agreement on behalf of the GROUP.

NAME OF GROUP: _____

BY: _____ DATE: _____
(Group Representative) (Printed Name)

The foregoing instrument was acknowledged before me this _____ day of _____.

They are personally known to me (____) or have produced _____.

Notary Public: _____

Print Name: _____

My Commission Expires: _____

CITY OF PORT ST. LUCIE, FLORIDA
PARKS & RECREATION DEPARTMENT

BY: _____
Parks & Recreation Director Date