



Adopt-A-Gateway Garden Agreement, Release of Liability and Indemnification Form

Return to County Adopt-A-Gateway Coordinator:

Alysen Woodruff

York County Collection & Recycling

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York, SC 29745

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803-628-3181

Keep York County Beautiful (hereinafter "Department") and

(Adopting Group Name)

recognize the need and the desirability of litter-free and visually improved roadsides.

The Adopt-A-Gateway Garden Program (hereinafter "Program") has been established for community and civic organizations as well as private businesses and industries to contribute towards the effort of maintaining cleaner and more beautiful highways in York County.

In consideration and exchange for the privilege and license of becoming a member of the Program as a volunteer, for which I derive a unilateral personal benefit and value, I, as one of the individual named participants and signatories appearing on page 3 of this form, do hereby warrant and agree to bind myself, my personal representatives, my beneficiaries, my dependents and my heirs and assigns to the terms and conditions herein expressed within this Agreement, Release of Liability and Indemnification.

I understand that my privilege and license to perform services as a member of the Program may have certain risks, such as personal injury, property damage, disability or death, and I hereby fully assume such risks in my rendition of services as a volunteer for the Program.

I do hereby release and forever hold harmless the Department, the Adopt-A-Gateway Coordinator or his/her sponsor(s), York County (hereinafter referred to as "the County"), and the respective officers, personnel, management, employees, agents, servants and assigns of the Department, the Adopt-A-Gateway Coordinator or his/her sponsor(s), and the County from any injury, disability, death, or damage to my person or property, and from any other claim which may arise from or during my participation in and implementation of the Program.

I further agree that neither I, nor my personal representatives, beneficiaries, dependents, heirs or assigns, will make a claim for injury, damage, disability, death, loss or any other claim of any nature, kind and description whatsoever, whether causing injury, property damages, disability, death or other damages or losses that may result from the performance of my duties and responsibilities as a member of the Program.

In consideration and exchange of the license and privilege from the Department to participate in the Program as a volunteer, I agree to indemnify and hold harmless the Department, its agents and employees, the Adopt-A-Gateway Coordinator or his/her sponsor(s), and York County, its officials, agents, and employees, from any injury, damages, losses or liabilities which the Department, the Adopt-A-Gateway Coordinator or his/her sponsor(s), and/or the County may incur due to my participation and involvement in, or implementation of, the Program.

I, as one of the individual named participants and signatories appearing on page 3, further agree to follow York County's safety guidelines and instructions while a participant in the Program.

The York County Adopt -A-Gateway Program recognizes the above named entity as the

adopting organization for: _____
(Gateway Name)

near _____ and _____ in York County.

The above named entity's volunteers accept the responsibility for picking up litter along the garden area and maintain- on a quarterly basis- the non-invasive, native plant material, mulch (if applicable) and irrigation (as needed) each year for a period of two (2) years beginning

_____, 20___; and ending _____, 20___ utilizing start-up grant funding at \$250 per garden gateway. The adopting entity must submit a brief planting design and maintenance schedule along with receipts from grant funded purchases to Keep York County Beautiful. The gateway committee will review the plan and provide feedback within two weeks of submission. The Town & Country Garden Club along with the Master Gardeners will be available to advise on plans and maintenance schedules. Receipts from all purchases relating to the KYCB gateway mini-grant should be submitted directly to KYCB for recordkeeping purposes within two weeks of purchase date.

The above mentioned entity understands York County may terminate this agreement and/or remove the Adopt-A-Gateway signs bearing the Program participant's name or acronym if, in its sole judgment, it finds and determines that the group is not meeting the terms and conditions of this agreement and of the total Program.

The above mentioned entity understands because of limited spacing on the Adopt-A-Gateway signs, group names may have to be abbreviated and has written its name in the boxes below as it is to appear on the signs:

Please allow one space after each name; commas, colons, hyphens, etc. are counted as letters.

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For more information call Alysen Woodruff at 803-628-3181

OFFICIAL SIGNATURES

**AUTHORIZED
ORGANIZATION REPRESENTATIVE**

YORK COUNTY

Signature

York County AAG Coordinator

Print Name

Title

Home Telephone

Work Telephone

Street Address

City

Zip Code

Email address

COMMENTS:

OTHER GROUP CONTACTS ARE:

1. _____ **HOME** _____ **WORK** _____

2. _____ **HOME** _____ **WORK** _____

By signing below, the following persons have agreed to participate in the Program for at least four garden maintenance days and abide by the Department's guidelines and to hold the Department, the County, the Adopt-a-Gateway Coordinator or his/her sponsor(s) harmless for any injuries they may suffer or damages they may cause as a result of participation in the Adopt-A-Gateway Program, as more particularly described on page one of this agreement, release of liability and indemnification form.

NAME	DATE	NAME	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____