MUNICIPALITY OF ANCHORAGE
PARKS AND RECREATION DEPARTMENT
ADOPT - A – GARDEN LEADER AGREEMENT

This Agreement made on _____, 2017, by and between the individual noted below (VOLUNTEER) and the Municipality of Anchorage Parks and Recreation Department (MOA) is valid from the date above through December 2017, **for _____ garden bed.**

NAME		
ADDRESS	CITY	ZIP
E-MAIL		
Phone / Cell Phone	Affiliation (if with group)	

As a Volunteer, I intend to donate my services to the MOA, and the MOA intends to accept the donation of volunteer services as Adopt-A-Garden Leader. Both parties agree as follows:

My services shall include, but may not be limited to, the following:

- plant flowers at the beginning of the summer season usually in June (planting date calls will be made in May)
- perform basic garden maintenance tasks including watering at least twice a week, weeding and deadheading at least once per month
- keep track of the number or volunteers, hours, & tasks and report the information to the volunteer office
- pull flowers at the end of the season
- I understand that as a Volunteer, I am not an employee of the MOA and am not entitled to receive salary, benefits or other compensation.
- I understand that as a Volunteer, I do not qualify for workers' compensation benefits and understand I will be responsible for my own personal medical expenses for any injuries I incur while performing volunteer services.
- As a Volunteer, I agree to follow the supervision and direction of any personnel, employee or volunteer to whom Volunteer has been assigned to perform services, and to participate in any training required by the MOA in order to perform the voluntary services.
- As a Volunteer, I agree to release and hold harmless the MOA, its agents, employees and all other persons against loss or expense, including attorney's fees, by reason of bodily injury, property damage or personal injury arising out of the negligent or intentional conduct of Volunteer while engaging in the activities pursuant to this Agreement. This release does not apply to liability due to the sole negligence of the Municipality of Anchorage.
- I understand the nature of the Volunteer assignment and I certify that I have taken all necessary precautions to participate in such activities.
- As a Volunteer, I agree to fully cooperate with the MOA and its agents in any investigation, lawsuit, arbitration or any other legal or quasi-legal proceedings that arise from the matters covered by this Agreement. I understand that my signature below provides me with liability insurance through the Municipality of Anchorage's Volunteers Commercial Insurance Policy.

☐ I hereby grant the MOA permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the MOA and will not be returned. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. **(PLEASE CHECK BOX)**

IN CASE OF EMERGENCY, please contact:

EMERGENCY CONTACT NAME:	
RELATIONSHIP:	
TELEPHONE NUMBER:	CELL NUMBER:

VOLUNTEER SIGNATURE - IN WITNESS WHEREOF, the Volunteer has executed this Volunteer Agreement as of the date below.

Signature:	Print name:	Date:

PARENTAL ENDORSEMENT TO BE COMPLETED IF THE VOLUNTEER/PARTICIPANT IS UNDER 18 YEARS OF AGE

I certify that, as parent/guardian with legal responsibility for this Volunteer, do hereby consent to and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the MOA, its agents and employees from any and all liabilities incident to my minor child's voluntary participation to the fullest extent permitted by law.

PARENT / GUARDIAN:

SIGNATURE: _____ PRINT NAME

ADDRESS: _____ CITY / STATE / ZIP