



Parks and Recreation  
218.299.5340 | parkandrec@cityofmoorhead.com

# Adopt-A-Flowerbed Agreement

*Volunteer end of May and throughout the Summer*

Individual

Group

Flowerbed I would like to Adopt: \_\_\_\_\_

My Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please recognize my efforts as: \_\_\_\_\_

(ex: Smith Family, Bill and Sue Johnson, Arbor Park Neighbors, Neighborhood Church Youth)

The City of Moorhead is allowed to recognize volunteer names/groups on the City Website/publications.

## What are the adopter's responsibilities?

- Design, plant, and maintain your assigned flowerbed. The beds range in size from 16 to 22 feet. All have electrical plug-ins and either one or two trees. A layout of the flowerbed locations is enclosed.
- Be creative...plant flowers that will bloom for most of the season. For maintenance reasons annual plants are preferred but perennials are permitted.
- Maintain the flowerbed as needed throughout the season by pulling weeds and dead heading flowers.
- Check the flower bed on a regular basis to ensure that it remains looking its best.
- The City of Moorhead is not responsible for theft or vandalism.
- Tie or anchor all items placed in the flowerbeds.
- Bring a first aid kit.
- Encourage participants to bring a cell phone.
- Do not attempt to remove toxic/hazardous substances, needles, sharp objects – note the approximate location and notify Public Works.
- Discontinue work in inclement weather, especially during times of reduced visibility, during electrical storms, and during other daylight conditions.
- Avoid over exertion, drink plenty of water especially on warm, humid days.
- Volunteers under the age of 18 must be supervised by a responsible adult.
- Recommend wearing long pants, shoes or boots (no open toes or sandals), and sunscreen/bug repellent.
- The adopter or one time group shall be considered as independent contractors and not as employees of Moorhead Parks and Recreation for any purpose, such as worker's compensation, medical insurance, nor any job benefits normally provided to Moorhead Parks and Recreation employees.
- Each adopter or one time group does hereby agree to indemnify and hold harmless the City, its agents and employees from all costs, including attorney fees, as a result of any personal injury to any individual and/or group, or other person, or property damage to city property or any other person's property caused by, or as a result of his or her actions while performing the responsibilities under this Adopt-A-Flowerbed Program.
- The adopter or one time group representative shall provide a copy of the "Responsibilities" to each and every volunteer/participant performing clean-up activities.
- Emergency Numbers:
  - Moorhead Parks and Recreation 218.299.5340
  - Red River Regional Dispatch 701.451.7660
  - Emergency 911



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**What we provide:**

- A sign will be installed in the flowerbed recognizing you for your efforts.
- Public Works staff will arrange for disposal of plants after the first frost.

**Timeline of Adopt-A-Flowerbed Planting**

May 20-24 – Park Maintenance will till flowerbeds

May 28-31– Volunteers will plant flowerbed.

Contact Public Works at 218.299.5422 with your planting date(s) so flowerbed locations can be watered on a timely basis.

If, in the judgment of Moorhead Parks and Recreation, it is determined that the individual or group had failed to perform the clean-up in a manner acceptable to Moorhead Parks and Recreation or it otherwise did not follow the spirit and intent of this agreement, Moorhead Parks and Recreation may terminate this agreement upon notice to the Group.

By your signature below you hereby agree to the terms and conditions set forth in this agreement and the Adopt-A-Flowerbed responsibilities. By your signature, you are the designated Adopt-A-Flowerbed Representative to represent yourself and/or your group of volunteers.

\_\_\_\_\_  
Kim Wangler  
Recreation Specialist  
Moorhead Parks and Recreation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group's Representative (print)

\_\_\_\_\_  
Group's Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Fax Number