

Adopt-A-Flowerbed Registration

Please fill out both sides (#1-6) of this form return to the Administration Center:

1.) Name: _____ Age & Birth date _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email _____

If you are a returning sponsor, what was your previous Adopt-A-Flowerbed site or sites?

2.) Please check off your preferred site to sponsor this season (this does not guarantee availability but we will try to accommodate).

<input type="checkbox"/> Administration (sign)	<input type="checkbox"/> Lawn Manor	Bed #1- north	<input type="checkbox"/> Oak View (marquee)
<input type="checkbox"/> Johnson Center (sign)	<input type="checkbox"/> Lawn Manor	Bed #2- south	<input type="checkbox"/> Patrick Sullivan Park sign)
<input type="checkbox"/> Brandt Park (sign)	<input type="checkbox"/> Lewandowski	Bed #1- north	<input type="checkbox"/> Phillips Park (sign)
<input type="checkbox"/> Central Pool Bed #1 rectangle	<input type="checkbox"/> Lewandowski	Bed #2- west	<input type="checkbox"/> Pavilion (lamp post beds)
<input type="checkbox"/> Central Pool Bed #2 octagon	<input type="checkbox"/> Lewandowski	Bed #3- south	<input type="checkbox"/> Racquet Club (sign)
<input type="checkbox"/> Columbus Manor (sign)	<input type="checkbox"/> Mc Vickers Park		<input type="checkbox"/> Shubert Park (sign)
<input type="checkbox"/> Harker Park (sign)	<input type="checkbox"/> Menard (sign)		<input type="checkbox"/> Williams Park (sign)
<input type="checkbox"/> Ice Arena (entrance)	<input type="checkbox"/> Memorial Park	Bed #1- south	
	<input type="checkbox"/> Memorial Park	Bed #2- north	<input type="checkbox"/> Wolfe (sign)
<input type="checkbox"/> Lakeshore Park Bed #1-south	<input type="checkbox"/> Oak Meadows	Bed #1- south	
	<input type="checkbox"/> Oak Meadows	Bed #2- north	<input type="checkbox"/> Wolfe (small bed)
<input type="checkbox"/> Lakeshore Park Bed#2-north	<input type="checkbox"/> Oak View (sign)		<input type="checkbox"/> Worthbrook Park (sign)

Comments/ Suggestions:

Return Completed Form to the Administration Center:
Dolly Foster Landscape Horticulturist
9400 S. Kenton Ave * Oak Lawn, IL 60453
dfoster@olparks.com *(admin) 708.857.2225

3.) Oak Lawn Park District Security Release

"I hereby authorize any and all law enforcement agencies to release all information regarding any conviction record I may have. I hereby release all individuals, corporations and agencies from all liability for any damage whatsoever that may ensue from furnishing it to the Oak Lawn Park District. I hereby agree also to be fingerprinted by the Oak Lawn Police Department if so requested."

Signature _____ Date _____

4.) Oak Lawn Park District Volunteer Waiver

Volunteer and/or Parental waiver and release from liability and authorization for minors.

I / We hereby authorize myself/ my child/ ward to volunteer for the Oak Lawn Park District Adopt-A-Flowerbed Program.

I / We recognize and agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I / We agree to waive and relinquish all claims I or my child/ ward may have as a result of participating in the program against Oak Lawn Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I / We authorize the District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any medical services rendered. I / We have read and fully understand the above information, warning of risk, assumption of risk and waive and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original signature.

I / We have read and understand the above warnings of risk and waive all claims against the Oak Lawn Park District.

Signature _____ Date _____

5.) I / We the Parents of _____
Do hereby grant permission for my /his /her picture /video to be used for publicity or in brochures related to the programs of the Oak Lawn Park District.

Signature _____ Date _____
Volunteer/ Parent/ Guardian

6.) I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release the Oak Lawn Park District from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

I have received the agency's volunteer personnel policies and I agree to abide by the volunteer personnel policies of the Oak Lawn Park District.

Signature _____ Date _____

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