



City of Farmington

430 Third Street

Farmington, Minnesota

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www.ci.farmington.mn.us

ADOPT-A-POND PARENTAL RELEASE FORM

NAME OF PARTICIPANT: _____

DATE OF BIRTH: _____

ADDRESS: _____

NAME OF GROUP: _____

I hereby give my permission for _____, a minor, to participate in the City of Farmington's ADOPT-A-POND program either individually or as a member of the above named group.

I acknowledge the risks associated with clean-up and maintenance activities, including but not limited to the risk of injury from equipment, chemicals, exposure to the elements, stress and strain, and the acts omissions of other persons, and I, on behalf of the above named minor and his/her heirs, representatives and assigns, hereby release the City of Farmington, its officers, employees and agents (collectively referred to as the City), from all claims, demands and actions which we or any or us have against the City for any property damage, personal injury or death caused by or arising out of said minor's participation in the City's ADOPT-A-POND Program, and I agree to defend, indemnify and hold the City harmless from and against any such claims, demands and actions, including attorney fees.

Dated: _____

Signature of parent/guardian