



DEPARTMENT OF PARKS AND RECREATION

16161 Flight Path Drive ☐ BROOKSVILLE, FLORIDA 34604

P 352.754.4027 ☐ www.parks@co.hernando.fl.us

Adopt-A-Park Program Enrollment Form

Adopting Individual/Organization Information

1. **Individual/** Organization Name (Please Print): _____

2. Organization-approximate number of volunteers: _____ Number of Children: _____

3. Name of Designated Representative (Please Print): _____

Primary (Check One): Phone Mobile Number: _____

Secondary (Check One): Phone Mobile Number: _____

E-mail address: _____

4. Address (Please Print): _____
Street City Zip

5. Name of Alternate Contact Person (Please Print): _____

Primary (Check One): Phone Mobile Number: _____

Secondary (Check One): Phone Mobile Number: _____

E-mail address: _____

6. Address (Please Print): _____
Street City Zip

Adoption Information

1. Preferred Park Location: _____

2. Alternate Location: _____

3. Planned activities: (please check all that apply)

Trash pickup Improvement project Other (Please Specify): _____

Statement of Agreement

I have read and agree to abide by the policies and regulations as put forth by the Hernando County Parks and Recreation Department in regard to its Adopt-A-Park Program. As the Adopting Organization's Designated Representative, I am responsible for informing the members of the organization of all risk and release provisions. All member volunteers are required to understand and agree with each of the Volunteer Acknowledgment of Risk and Release provisions.

Signed _____

Date _____

