



KEEP WINSTON-SALEM BEAUTIFUL ADOPT-A-FLOWER BED PROGRAM AGREEMENT

Keep Winston-Salem Beautiful, Inc. (hereinafter “KWSB”) and _____ (name of business, organization or individual) (hereinafter the “Entity”) recognize the need to maintain existing plant beds in public areas.

The **Adopt-A-Flower Bed** program has been established for community and civic organizations as well as private businesses and industry to contribute toward the effort of maintaining more beautiful public areas in Winston-Salem. The purpose of Keep Winston-Salem Beautiful Inc.’s **Adopt-A-Flower Bed** program is to encourage community residents and organizations to adopt existing plant beds in public right of ways previously planted by the Vegetation Management Division of the City of Winston-Salem. The adopted beds are to be inspected once a week (during the spring, summer and fall) and weeded as necessary at least every two weeks. Additional work includes removal of dead plants, pinching back plants as needed, cleaning up edges, removing any dead animals and perennial tops, helping to plant annuals if necessary, picking up any trash, and spreading mulch if needed.

The Entity understands that the work to be performed can result in physical injury or damage to property and agrees to assume the risk. The Entity hereby agrees to release and hold harmless the City of Winston-Salem, Keep Winston-Salem Beautiful, Inc., and any Neighborhood Committee, their officers, employees and agents respectively from liability for any and all claims, damages or injuries of any kind or nature which the Entity, its employees, members or agents may cause or suffer as a result of participation in the program. The Entity agrees that signs bearing the group’s name will be installed solely at the discretion of Keep Winston-Salem Beautiful, Inc.

KWSB recognizes the Entity as the adopting organization for:

Bed Location

Bed Location

The Entity volunteers to maintain these beds for a period beginning _____, 20____, and ending _____, 20____ (commitment period must be a minimum of two years).

PLEASE TURN OVER

ADOPTING GROUP CONTACT PERSONS:

Signature: _____

Primary Group Contact Person

Print Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

E-Mail Address: _____

City/State/Zip Code: _____

Home Phone: () _____ Daytime Phone: _____

Signature: _____

Second Group Contact Person

Print Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

E-Mail Address: _____

City/State/Zip Code: _____

Home Phone: () _____ Daytime Phone: _____

RETURN TO:

Keep Winston-Salem Beautiful, Inc.

PO Box 2511

Winston-Salem, NC 27102

(336) 771-5161

Fax (336) 727-2354

georges@cityofws.org