



**Adopt a Bump-Out on Lakeshore Program  
Indemnification and Maintenance Agreement**

Whereas, the Town of Howey-in-the-Hills, Public Services Department and the adopting resident or family recognize the need and desirability of litter-free well-maintained Bump-Out areas along Lakeshore Blvd; and

Whereas, the “Adopt a Bump-Out on Lakeshore” program has been established for residents or families to contribute toward the effort of maintaining litter-free, well maintained bump-outs by participating in this program; and

Whereas, the adopting resident or family is aware of the potential hazardous work which is to be performed; and

Whereas, the adopting resident or family agrees to abide by the Adopt a Bump-Out on Lakeshore Rules and Regulations attached; and the adopting resident or family agrees to cooperate in the development and implementation of the Adopt a Bump-Out on Lakeshore program, and agrees to indemnify the Town of Howey-in-the-Hills and hold the town of Howey-in-the-Hills, Officers, agents, and employees harmless for any and all damage that the Town of Howey-in-the-Hills and/or the resident or family may suffer as a result of or in connection with participating in the Adopt a Bump-Out on Lakeshore program.

This agreement shall commence on the date of execution hereof and shall continue until terminated by the resident or family with renewals on an annual basis.

The Director of the Public Services Department may, in his or her discretion, at any time, upon written notice to the undersigned require the termination of activities on the Town of Howey-in-the-Hill’s Bump-Outs.

Therefore, the Public Services Department recognizes

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as the adopting resident or family for the bump-out with the Town of Howey-in-the-Hills.

Furthermore, \_\_\_\_\_ accepts the responsibilities of picking up litter and maintaining the bump-out section of the Town of Howey-in-the-Hills and promoting a litter-free environment in the community as needed with the minimum of once-a-month cleanups for a period of no less than one (1) year from the execution of this agreement.

Bump-Out No. \_\_\_\_\_ at N./S. LakeShore Blvd and \_\_\_\_\_

Name(s) of the Resident or Family: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Contact Information

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Public Services Department Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_