MINNEHAHA COUNTY ADOPT A HIGHWAY RIGHT OF WAY PERMIT APPLICATION

COUNTY HIGHWAY NUMBER:_____**BETWEEN MILE MARKERS:** _____**AND** _____

Purpose of Occupancy: To clean up litter along designated county road at least two times per year

Duration of Occupancy: Minimum of three years, clean up between April 1st through October 31st

I, the undersigned, on behalf of myself and the organization listed below, request permission to occupy right-of-way at the above location. In consideration of this permission, I agree to abide by all conditions as herein stated.

1. To indemnify, hold and save harmless Minnehaha County, its officers and employees, from any and all suits, actions, or claims of any kind or nature brought because of injuries or damage received or sustained by any person or property on account of the use or occupancy of highway right-of-way designated in the application.
2. To require all adults, minors, and parents or guardians of minors to complete and sign the release and waiver of liability, assumption of the risk and indemnity agreement and consent to medical treatment form prior to occupancy of right-of-way designated in this application.
3. To notify the Minnehaha County Highway Department at (605) 367-4316 before beginning occupancy and at the end of occupancy.
4. To comply with all requirements contained in the latest version of the Minnehaha County Adopt a Highway policy.
5. By its representative's signature below, the group hereby acknowledges the hazardous nature of the work.

Name: _____ Phone: _____

Date: _____ Signature: _____

Representing: _____

(This will be the wording printed on the Adopt A Highway recognition sign, please print legibly)

Failure to comply with the occupancy in accordance with the provisions of this permit will automatically render this permit null and void and where applicable, constitute grounds for its removal and/or full restoration of the occupancy site at the applicant's expense.

THIS SECTION TO BE COMPLETED BY MINNEHAHA COUNTY

This permit to occupy right-of-way is grated to all conditions as stated.

Signature:_____Jacob Maras, P.E, Highway Superintendent

Date:_____