

# GOODHUE COUNTY DEPARTMENT OF PUBLIC WORKS



**Gregory Isakson, P.E.**  
**Public Works Director**  
**County Engineer**

2140 Pioneer Road  
Red Wing, MN 55066  
PHONE: (651) 385-3025  
EMAIL: [gcpwd@co.goodhue.mn.us](mailto:gcpwd@co.goodhue.mn.us)  
[www.co.goodhue.mn.us](http://www.co.goodhue.mn.us)

HIGHWAYS ♦ PARKS ♦ RECYCLING ♦ SOLID WASTE ♦ HHW

## ADOPT A HIGHWAY APPLICATION

The group agrees to pick up litter *at least* two or three times a year for a minimum of five years.

The requested highway segment is located on \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ for a total of \_\_\_\_\_ miles.

The Goodhue County Public Works Department reserves the right to refuse, cancel, or revise this agreement if in its sole judgment the nature of the group or its sign is political, controversial or in questionable taste or if the group is not meeting the terms and conditions of this agreement. By signing this agreement, the group acknowledges the hazardous nature of the work and agrees to comply with the terms and conditions herewith to the satisfaction of the Goodhue County Public Works department.

Except for the negligent acts of the County, its agents and employees, the volunteers or their agents shall assume all liability for, and save the County, its agents and employees, harmless from any and all claims for damages, actions or causes of action arising out of the work to be done herein.

Any and all volunteers of the group or other persons while engaging in the performance of any work or service performed under this agreement shall not be considered employees of the County, and any and all claims that may or might arise under all claims made by any third party of the group's volunteers or other persons while so engaged in any of the work or services to be rendered shall in no way be the obligation or responsibility of the County.

Name of Group \_\_\_\_\_

Representative \_\_\_\_\_ Alt. Contact \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

**Name to Appear on Sign: (Maximum of 18 characters including spaces and punctuation per line)**


*"To effectively promote the safety, health, and well-being of our residents"*