

The Buddy Bench or Tree Program provides an opportunity to beautify a park space or school grounds in Strathcona County by installing a permanent park bench (“Buddy Bench”) or tree (“Buddy Tree”).

Requests are accepted year-round. Buddy Bench or Trees may be installed May through September. A plaque is installed on the Buddy Bench or Tree Post to provide a lasting message.

**Applicant Contact Information**

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_  
(Print) (Required) (Print) (Print)

Group / Organization \_\_\_\_\_

Note: If the applicant is part of an organization, the person must have authority to make this application

Address \_\_\_\_\_  
Street and Number City/Town Province Postal Code

Contact Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
(if applicable)

Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

**Authorized School Representative**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
(Print) (Print)

School Address \_\_\_\_\_  
Street and Number City/Town Province Postal Code

Contact Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
(if applicable)

Email Address \_\_\_\_\_ Position \_\_\_\_\_

**Application Information**

Which park or school grounds would you like the Buddy Bench or Tree to be installed in? \_\_\_\_\_

Do you have a specific location(s) selected?  no  yes ► please specify and provide an overhead map indicating the exact location(s), if possible

Please note that final approval of a memorial location is dependent on Strathcona County approval and utility locate clearance.

**Plaque Information**

Please provide your plaque message here (limit of 20 – 25 words).

**Collection and use**

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for managing and administering Outdoor Services operations. If you have questions about the collection, use or disclosure of this information, contact the Manager of Finance and Business Operations, Recreation, Parks and Culture, Strathcona County at 780-467-2211.

# Buddy Bench or Tree – Application

## Terms and Conditions

For a Buddy Bench or Tree installation at \_\_\_\_\_.

### Both parties agree to the following responsibilities:

The Applicant, \_\_\_\_\_, shall:  
Print full name

1. Provide Strathcona County with written approval (below) from an authorized school representative to move ahead with a Buddy Bench or Tree application and installation.
2. Make their payment to Strathcona County in advance of the Buddy Bench or Tree being ordered.
3. Make all arrangements and assume any expenses related to any commemoration or dedication ceremony.
4. Be able to request a re-staining of furnishing wood, if applicable, five (5) years after installation and every five (5) years thereafter. Re-staining will not be guaranteed to colour-match the original.
5. Identify and hold harmless, Strathcona County, its agents, servants and employees from and against all actions, suits, proceedings, or judgments taken against the County based on the construction and installation of the amenities undertaken by the County, unless such action, suit, proceeding or judgment was due to the negligent acts or omissions of Strathcona County, its employees, agents or servants.

Strathcona County shall be responsible for:

1. The purchase and installation of the agreed upon Buddy Bench or Tree and any other work involved within the project. Such responsibility will include securing the construction site in a manner that is safe for the people who are using the park.
2. Ensuring that the selection and installation of the Buddy Bench or Tree is properly carried out according to Strathcona County's Open Space Development Standards.
3. Identify and hold harmless the applicant, his / her agents, servants and employees from and against all actions, proceedings or judgments taken against the applicant based on the construction and installation of the amenities undertaken by the County, unless such action, suit, proceeding or judgment was due to the negligent act or omission of the applicant, his employees, agents or servants.

In witness whereof the parties hereto sign this Agreement on the day and year written below.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Applicant Name (please print)  
Authorized School Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

## Office use only

Date paid: \_\_\_\_\_  
(yyyy-mm-dd)

Approved by: \_\_\_\_\_

Date : \_\_\_\_\_  
(yyyy-mm-dd)