



CITY OF SHELL ROCK

October 1, 2009

Phone 319-333-4333

October 2009

Web Site:

www.shellrockia.com

Email:

info@shellrockia.com

Mayor & City Council Candidates

The city election will be held on November 3, 2009 at the Shell Rock Boyd Ed. In the veterans room from noon until 8:00 pm.

Candidates running for office are:

Mayor:	Jim Thompson
Council:	Benjamin L. Dewitt
	James J. DeWitt
	Jeff Nichols
	Mickey Scott



Mayor:

Jerry Young

Council Members:

Don Zanner

Ben DeWitt

Gene Kleinerman

Rose Meyer

Steve Nieman

City Clerk:

Marilyn Harake

Public Works Director:

Mike Tallinghousen

Chief of Police:

Louis Staudt

Library Director:

Glenn Harris

Library Assistants:

Deb Hochmann

Sue Koss

City Employees:

Dave Green

Rachel Nieman

Fire Chief:

Dwayne Sander

Ambulance Crew

Chief: Dave Green

City Attorneys:

Bruce Tachnis

Karl Nelson

Meet The Candidate's Night



Meet the candidates night will be held on October 14th, 2009 at 7:00 pm at the Shell Rock Boyd Building in the Evenson Auditorium. This event is sponsored by Shell Rock Development Corporation.

Planting Trees On City Property

Before planting trees on city property they must be first approved by the tree committee:

- Don Zanner
- Rose Meyer
- Mike Tallinghousen



If you have any questions please call city hall at 333-4333.

Flu Shots

Seasonal Flu Shot Clinic

October 7, 2009

4:00 pm - 6:00 pm

Shell Rock Boyd Bld

Cost

\$25.00 ~ flu

\$50.00 ~ Pneumonia

No Cost if you have Medicare



American Legion Auxiliary Bake Sale & Luncheon

The American Legion Auxiliary will have a bake sale and luncheon at the Boyd Building in the Everson Auditorium on Nov. 3rd, the Day of the Election. Coffee & rolls will be served at 8:00 am., bake sale at 9:00 and lunch at 11:00.



Trick or Treat Night

Trick or Treat night:

October 31, 2009

6:00 pm - 8:00pm.

If you would like the children to trick or treat at your house please leave your porch light on.



Day Light Savings Time

*Remember to turn your
clocks back on Nov. 1st*

Burning and Tree Trimming Policy

The city will provide the service of chipping of tree limbs and trees under the following circumstances:

1. Tree limbs removed by property owners in light tree trimming and light storm damage (limbs not to exceed 6" in diameter).
2. Trees used for seasonal interior decoration (i.e. Christmas tree).
3. Trees removed from city parking along streets (not alleys). All such removal of trees must be done with approval of the Tree Board under Chapter 151 of the City Code.

Limbs and trees set out for chipping shall be set cut edge to road on the street side of the property (not alley side) on or near the parking, in single file (perpendicular) or bundled with strong or twine. Bundles may be no more than 10" in diameter, and no more than 12 bundles or 12 single limbs may be set out at a time.

The City will not provide chipping of tree limbs and trees under the following circumstances:

1. Branches or trunks from any trees not on city property larger than 6" in diameter, removed by the property owner or by a tree service.

Shell Rock Community Historical Society's Annual Meeting

The Shell Rock Community Historical Society's Annual Meeting will take place on Oct. 20 at 7 pm at the Boyd Building. All members are urged to attend and all are invited to attend the social portion of the evening. Veterans are going to be highlighted at the museum in the future, so everyone will be asked to get involved in that. Plans will be discussed and speakers will talk about their military service.

This will be a good time to purchase Christmas gifts as we will have several of our books available. Copies of the flood book in hard cover and Jim Olmstead's Shell Rock River trip are in limited quantity, so get those early.

Bazaars

Quilts will be the focus of the display at the Historical Museum during the bazaars. If you own an old quilt and would be willing to loan it for this weekend in November, please contact Linda at 319-885-6687.



CPR & FIRST AID CLASSES

The Shell Rock Recreational Program is offering a CPR & First Aid Class on Monday Oct. 26 & Tues. Oct. 27. Cost of the class will be \$25.00 for CPR & \$15.00 for First Aid. Anyone 11 years or older may sign up for these classes. The classes are being taught by Lindsay Heitland, a Red Cross Certified Instructor. The classes will run 3 hours for CPR and 2 hours for First Aid.

If you would like to participate, please fill out the forms below, sign the enclosed consent form and turn them into city hall by Friday, Oct. 17th. If you have any questions please call Rachel at City Hall (885-6555) or email her at cityofsr@butler-bremer.com.

There is an additional charge of \$15.00 for the recreation fee per family.

Registration Form for CPR & First Aid

Oct. 26 & 27, 2009

Name(s) _____

Phone Number _____

Address _____

Age (if a minor) _____

CPR & First Aid (# Attending) _____

CPR Only (# Attending) _____

First Aid Only (# Attending) _____

Please make sure you sign the liability waiver along with the registration form.

Up Coming Classes

On November 17, 2009 Monica Lursen, Dietician from the Waverly Health Center, will be teaching a class on nutrition. I am currently working on a beading class and Dave Green will be teaching a class on Cast Iron Cooking.

If you have any classes you would like to see offered please call me at 885-6555 or email me at cityofsr@butler-bremer.com



Is the Automatic Payment Plan for You Plan for you?

It is if you like to....

1. Save TIME

2. Save MONEY

The automatic payment plan allows your utility bill to be paid directly from your bank account on the due date of the bill every month at no cost, regardless of where you bank! Your bill will state when the payment begins.

It is simple!

1. Complete the form

2. Return it to City Hall

Call 885-6555 for more information

AUTOMATIC PAYMENT PLAN PREAUTHORIZATION AGREEMENT

Name _____

Service Address _____

Telephone # _____

Customer Account # _____

FINANCIAL INSTITUTION

Name _____

City _____ State _____

Bank Routing # _____

Bank Account # _____

I/We authorize the City of Shell Rock to receive automatic payment for my/our utility bill. It is also agreed the financial Institution named above will debit my Account.

Signature

Please return this for to: Shell Rock City Hall, P.O. Box 522, Shell Rock, IA 50670

RELEASE & WAIVER OF LIABILITY, ASSUMPTIONS OF RISK, & INDEMNITY AND PARENT CONSENT AGREEMENT

IN CONSIDERATION of being permitted to participate in anyway in the Rockin' Recreation Program (Activity) I, for myself, my personal representatives, assign, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. FULLY UNDERSTAND that: (a) THE ROCKIN' RECREATION PROGRAM ACTIVITIES INVOLVE RISKS & DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, & DEATH ("RISKS"); (b) these Risks and Dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASES" NAME BELOW; (b) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; & I FULLY ACCEPT & ASSUME ALL SUCH RISKS & ALL RESPONSIBILITY FOR LOSSES, COSTS, & DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HERBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE The Rockin' Recreation Program, the Shell Rock Development Corporation, the City of Shell Rock, the Shell Rock Park Board, The Shell Rock Pool Board, the Shell Rock Little League, WSR Area Baseball Boosters, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATORS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, DEFEND, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I ACKNOWLEDGE THAT I (A) HAVE READ THE ABOVE PARAGRAPHS; (B) HAVE NOT RELIED UPON ANY REPRESENTATIONS OF ANY OF THE RELEASEES WITHOUT REASONABLE VERIFICATION OR INQUIRY; (C) HAVE TO THE BEST OF MY KNOWLEDGE AND TO MY SATISFACTION, BEEN FULLY ADVISED OF THE RISKS AND POTENTIAL DANGERS OF PROGRAM ACTIVITIES; AND (D) SIGN THIS AGREEMENT VOLUNTARILY, UNDERSTANDING THAT THIS AGREEMENT IS NECESSARY IN ORDER FOR ACTIVITIES SUCH AS THIS PROGRAM TO EXIST IN THEIR PRESENT FORM

THIS IS A RELEASE AND WAIVER. READ BOTH SIDES BEFORE SIGNING!

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____

(Street)

(City)

(LA)

(Zip)

PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____

MINOR'S RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ROCKIN' RECREATION PROGRAM ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. I FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, DEFEND, HAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. I ENTER INTO AND ADOPT THIS MINOR'S RELEASE AND THE ENTIRE AGREEMENT ON BEHALF OF BOTH THE MINOR AND MYSELF AS PARENT OR GUARDIAN.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

(Street)

(City)

(State)

(Zip)

PARENT/GUARDIAN SIGNATURE _____

(only if participant is under the age of 18)

DATE: _____

THIS IS A RELEASE AND WAIVER. READ BOTH SIDES BEFORE SIGNING!