

## Town of Easton Snow Removal Reference List Application

In order to assist members of our Community who, for health or financial reasons, are unable to remove snow from their private property, the Town of Easton will make available a reference list of individuals willing to remove snow from private property in Easton. This list will be available in the Town Offices and at [www.easton.ma.us/snow](http://www.easton.ma.us/snow). By applying to be included on this Snow Removal Reference List, the applicant certifies that they understand that this list is referential only, and is not a certificate or endorsement of the applicant's abilities by the Town of Easton. Further, the applicant certifies that any agreement made between the applicant and the private property owner in need of snow removal is a private agreement by and between those parties only and that the Town of Easton shall have no obligations with respect thereto. Finally, the applicant hereby agrees to release, holds harmless and indemnify the Town and its agents from any and all suits, damages, claims, or liabilities of any other kind arising from such snow-plowing services.

*All fields below are required*

Name: \_\_\_\_\_

Legal Guardian Name(s) [if Applicant is a minor]:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Type of Snow Removal Offered (check all that apply):  
 Shoveling  Snow Blower  Snow Plow  Other (Specify) \_\_\_\_\_

Availability (please indicate the hours during which you are typically available for snow removal requests)

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

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

*Please continue to next page and fill out and sign the appropriate Voluntary Consent and Release Form.  
ONCE COMPLETE AND SIGNED, EMAIL TO [KKENNEDY@EASTON.MA.US](mailto:KKENNEDY@EASTON.MA.US) OR MAIL TO KRISTIN KENNEDY,  
DIRECTOR OF HEALTH AND COMMUNITY SERVICES, 136 ELM STREET, EASTON, MA 02356*

# **Town of Easton**

## **VOLUNTARY CONSENT AND RELEASE FORM**

(Adults Age 18 or Over)

I, \_\_\_\_\_ do hereby consent to participation in the SNOW REMOVAL REFERENCE LIST offered by the Town of Easton.

I agree and covenant to forever release, acquit, discharge, hold harmless and indemnify the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the above-described activities of the Town of Easton from any and all claims of any nature whatsoever, damages, suits, liabilities, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries or property damage resulting from or in any way growing out of, directly or indirectly my voluntary participation in the Town of Easton's SNOW REMOVAL REFERENCE LIST and any snow removal services performed as a result of such participation.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in the above referenced activities is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the above-described activities of the Town of Easton with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage I may suffer as a result of my voluntary participation in the above-described activities.

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

# Town of Easton

## VOLUNTARY CONSENT AND RELEASE FORM

(Applicants under 18)

I, \_\_\_\_\_ the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby consent to my child's participation in the SNOW REMOVAL REFERENCE LIST offered by the Town of Easton.

I agree and covenant to forever release, acquit, discharge, hold harmless and indemnify the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in above described activities of the Town of Easton from any and all claims of any nature whatsoever, damages, liabilities, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the Town of Easton's SNOW REMOVAL REFERENCE LIST and any snow removal services performed as a result of such participation.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in this program is voluntary and that my child and I are free to choose not to participate in said program. By signing this Form, I affirm that I have decided to allow my child to participate in the above described Town of Easton's activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage my child or I may suffer in the above-described voluntary activities..

Signed: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_

Dated: \_\_\_\_\_