REQUEST FOR SNOW SHOVELING ASSISTANCE

Complete the information below to receive a listing of volunteers in your area willing to assist you with the removal of snow from your property.

Title:	Mr.	Mrs., Ms., Miss
Name o	of Resident/Homeowner:	
	First Name	Last Name
Homeo	wner's Address:	
	Street Address	City
Home I	Phone Number:	
Alterna	itive Phone:	
Email A	\ddress:	
l qualif	y for assistance with show	veling the snow since I am:
	Senior Citi	zen Disabled

Mail Form to:

Levy Senior Center 300 Dodge Avenue Evanston, IL 60202

REQUEST FOR SNOW SHOVELING ASSISTANCE

SNOW REMOVAL RECIPIENT RELEASE AND WAIVER OF ALL LIABILITIES

As the recipient of snow removal assistance (the "Activity), I hereby recognize and acknowledge that the volunteer snow shoveler performing the Activity is not an agent, servant, or employee of the City of Evanston. The Volunteer is not performing the Activity at the behest of, or under the control or supervision of, the City of Evanston, but rather at my request of and under my exclusive control and direction.

Therefore, I agree that any claims or suits that I might pursue against the Volunteer as a result of my participation in the Activity specified herein, including but not limited to, claims of property damage, personal injury, and intentional tort, are my sole responsibility. I release the City of Evanston, the Department, and its officers, employees, attorneys, and agents from any judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by me in pursuing any such claim. I further release the City of Evanston, the Department, and its officers, employees, attorneys, and agents, from any liability whatsoever for any and all acts or omissions of the Volunteer, under any theory of vicarious liability or otherwise.

I further agree to assume the full risk of any property damage or personal injuries which I may sustain as a result of participating in the Activity. I hereby waive, release and discharge any and all claims for property damage and personal injury, including death, which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the City, the Department, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death, injury, or property damage that I sustain while participating in the Activity. This waiver, release and assumption of risk is binding upon my heirs and assigns.

I further agree that if any claim or suit is pursued by me or on my behalf as a result of injuries from the Activity specified herein against the City of Evanston, the Department, and its officers, employees, attorneys, and agents, I will Indemnify and Hold Harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE CITY OF EVANSTON AND ME, AND I SIGN IT OF MY FREE WILL.

Homeowner's Signature	 Date

Mail Form to:

Levy Senior Center 300 Dodge Avenue Evanston, IL 60202