

SNOW ANGELS PILOT PROGRAM

Resident Application

The personal information on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and will be used for the administration of the Town of Comox Snow Angels program. Should you have any questions regarding the collection or use of your personal information, please contact the Town of Comox by either email: town@comox.ca or phone: 250-339-2202.

APPLICANT CONTACT INFORMATION (PRINT PLEASE)

First Name:	Last Name:
Address:	
Phone:	
E-mail:	

PROGRAM ELIGIBILITY (check all that apply)

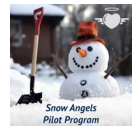
- I am 70 years of age or older with no individual resident to clear snow.
- I am under 70 years of age with a physical disability that does not allow me to clear snow.
- I am unable to financially hire a contractor to clear snow.
- I am unable to find a neighbour or family member to clear snow.
- I consent to the Town of Comox providing my address to a Town of Comox *Snow Angel*.
- I have read the associated *Snow Angels* pilot program, *Resident Information Package*.

I, the undersigned, have read the *Release Of Liability, Waiver Of Claims, Assumption Of Risks And Indemnity Agreement* on page 2 of this application and have had the opportunity to ask questions and get any clarification before signing. I acknowledge that I understand its content, import and meaning and hereby do agree, approve and give my consent.

Date:	Applicant Signature:
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**BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.**

Date:	Witness Name (print):	Witness Signature:
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RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

- 1) I agree TO WAIVE ANY AND ALL CLAIMS of every nature and kind at law or equity or under any statute that I have or may have in the future against the Municipality;
- 2) I agree TO RELEASE THE MUNICIPALITY from any and all liability for injury, death, property damage, property loss or any other loss or expense that I may suffer or that my next of kin or legal representatives may suffer as a result of participation in the program, due to any cause whatsoever, including negligence on the part of the Municipality;
- 3) I agree TO HOLD HARMLESS AND INDEMNIFY THE MUNICIPALITY from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself, as a result of participation in the program, or other financial loss or expense including, without restriction, legal expenses and costs on a solicitor-and-his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this document; and
- 4) I understand THAT THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON myself, and my heirs, next of kin, executors, administrators and assigns.

Submit the completed application by:

Mail or delivery to Town of Comox, Municipal Works Yard, 1390 Guthrie Road, Comox BC V9M 0A5 or,
Email: publicworks@comox.ca

Town staff will confirm your application has been received and will contact you when your address has been assigned to a *Snow Angel*.

Snow Angels program materials can be found at comox.ca/snowangels