



City of Nelson Angel Program Release of Liability

Thank you for signing up to receive services from a Snow Angel. We request your understanding and cooperation in maintaining your health and safety by reading and signing the following **Release of Liability**.

I am looking to have the Angel service for: **Leaves** _____ **Shoveling** _____ **Both** _____

Last Name: _____

First Name: _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

I understand and accept the conditions to receive services from the City of Nelson Angel Program for Fall/Winter Season 2021-2022. I recognize that my participation in the Program shall not include any interactions or communications with the Angel Volunteer except to the extent necessary to perform requested leaf or snow removal. I further recognize that no entry inside the residence(s) is permitted in conjunction with my participation in the Program.

I acknowledge that I the owner(s) of the property bear responsibility for compliance with all municipal by-laws and City ordinances including maintenance of the property's yard, sidewalks, structure exterior and interior, and that City is not responsible for said maintenance nor does it guarantee the condition or safety of the private properties whereupon the Angel performs snow removal.

I further understand that the undertaking of this activity may result in personal injuries and/or damage to private property and agree that the City of Nelson will not be responsible for any such property damage and/or personal injuries resulting from my participation in this Program.

I further expressly agree that the CITY OF NELSON ANGEL PROGRAM RELEASE OF LIABILITY IS EFFECTIVE AND BINDING UPON myself, and my heirs, next of kin, executors, administrators and assigns.

I give _____ Do not give _____ (please check one item) permission to have the City of Nelson and /or its community partners to take and use photographs for any marketing or promotional items.

"The City of Nelson is collecting your personal information in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act*. The City of Nelson collects your information for the purposes of administering City of Nelson programs and services, including permits and licensing services. If you have any questions, please contact the Privacy Head at 310 Ward Street, Nelson, BC V1L 4P1 or FOI@nelson.ca or 250-352-8234."



City of Nelson Angel Program Release of Liability

I have read the Release of Liability and understand and accept its terms.

Name (please print): _____

Signature: _____

Date: _____

Witness' Signature & Printed Name _____

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

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