



## MULCH WAIVER & RELEASE AGREEMENT

I, \_\_\_\_\_ request permission to acquire mulch from the City of Sidney at their compost facility located at 690 Brooklyn Avenue, Sidney Ohio. I fully understand that this activity exposes me to the risk of personal injury, death, or property damage. By signing below, I agree to assume any such risks.

I hereby release, discharge, and agree not to sue the City of Sidney and/or its employees for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my participation in the acquisition of mulch from a City of Sidney facility, including the active or passive negligence of the City of Sidney, its employees, or any other participants.

In consideration for being permitted to acquire mulch from a City of Sidney facility, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Sidney from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the acquisition of mulch from a City of Sidney facility.

I acknowledge and agree that I:

1. Am over the age of 18;
2. Have residence and live within Shelby County;
3. Will have a copy of this document on my person each time I enter the facility;
4. Will not trespass into the EPA controlled area of the facility outside of hours it is posted open to the public;
5. Will only enter the facility during the prescribed hours it is posted to be open to the public.

**I HAVE CAREFULLY READ THIS RELEASE, INCLUDING THE AGREEMENT NOT TO SUE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT OF MY OWN FREE WILL.**

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

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

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

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

Please list below any persons accompanying you on the premises. This includes minors and any other individuals helping to load or perform any other function. **Every individual driving a vehicle or using any equipment must obtain and sign a Waiver & Release Agreement.**

\_\_\_\_\_

**THIS WAIVER EXPIRES ON DECEMBER 31<sup>st</sup> EACH YEAR. YOU MUST OBTAIN A NEW AND APPROVED WAIVER ANNUALLY.**

\_\_\_\_\_  
Signature of City staff

\_\_\_\_\_  
Date