



ALLEN COUNTY SURVEYOR'S OFFICE STORM DRAIN MARKING LIABILITY WAIVER

I, the undersigned below, being the volunteer involved in participating in the Storm Drain Marking Project sponsored by the Allen County Surveyor's Office, Allen County, Indiana (hereinafter referred to as the "Project") or being the parent or legal guardian of such a volunteer in the Project, in consideration of my or another's participation in the Project, I hereby, for myself and any volunteer for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit Allen County and the Allen County Surveyor's Office or other local sponsors, and their officers, agents, representatives and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown, existing or which may arise in the future, on account of or in any way related to or arising out of participation in the Project. Further, I assume all liability of any non-participants who accompany me.

I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules provided by the Allen County Surveyor's Office, as well as those suggestions, guidelines, and/or rules provided by the Projects' supervisors, and/or coordinators and entities not associated with the Allen County Surveyor's Office.

I also understand that the volunteer Project set forth above is undertaken by me on a completely voluntary basis. I make this decision by choice and my participation in this Project is undertaken knowing that certain risks may be involved. I voluntarily assume the risk of these dangers by choosing to participate in this Project. I understand that Allen County does not assume any risk or liability due to my participation in this Project. I understand this release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, now or in the future, whether suffered in transport to the activity or during the activity itself.

Volunteer's Name (please print) _____

Home Address: _____

Project/Subdivision: _____ Phone: _____

Signature

Date

**Signature of parent/legal guardian if
student is under 18 years of age**

Date

**IF VOLUNTEER IS UNDER 18, THIS WAIVER MUST BE SIGNED BY A PARENT OR
LEGAL GUARDIAN**

You must sign the liability waiver to participate.

**Please return this form to: Allen County Surveyor's Office – Stormwater Quality Program Coordinator
200 East Berry Street, Suite 350, Fort Wayne, IN 46802**