



# SNOWPLOWING SERVICES FOR COMMUNITY CENTERS/AGRICULTURAL SOCIETIES/ CHURCHES/CEMETERIES

## WAIVER FORM

DATE: \_\_\_\_\_

TO: County of Wetaskiwin No. 10

FROM: \_\_\_\_\_  
(Name of Organization)

As per County of Wetaskiwin No. 10 policy 3216, the above named organization requests the County provide snowplowing services.

The above named organization hereby indemnifies the County against all actions, suits, claims and demands whatsoever by any person, firm or corporation arising out of or resulting from the snowplowing.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Telephone

Form must be renewed annually.