

JERRY'S SQUAD

HURRICANE PREPAREDNESS ASSISTANCE

Property Information

Name: _____ Phone: _____

Property Address: _____

Please Initial

- I understand this program is based on the availability of volunteers.
- I understand I will be contacted when a Hurricane Warning is issued.
- I understand that volunteers will not be making any repairs to my home or shutters.
- I certify that my shutters are in working condition.

Waiver and Consent

In consideration of participation in the activities and use of the facilities and equipment provided by the Town of Miami Lakes, I, for myself and for my heirs, personal representatives, executors, agents, and assigns, personal representatives, executors, and assigns do hereby knowingly freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my participation in activities or use of any facilities or equipment of the Town of Miami Lakes, and do hereby release, discharge, and covenant not to sue the Town, its Town Council, Mayor, Town Councilmen, Manager, Appointed Officials, any Town Department or subdivision, its employees, attorneys, servants, representatives, officers, agents, successors and assigns from and against any and all claims, demands liens, liabilities, judgments, losses, and damages (whether or not a lawsuit is filed) including, but not limited to costs, expenses, and attorney's fees, at trial and on appeal brought for, by or on behalf of myself against the Town, its Town Council, Mayor, Town Councilmen, Manager, Appointed Officials, any Town Department or Subdivision, its employees, attorneys, servants representatives, officers, agents volunteers, and successors and assigns, arising out of or in connection with in whole or in part, directly or indirectly, my attendance and /or participation or use of any Facilities or Equipment of the Town of Miami Lakes. Additionally, I shall indemnify and hold the Town, its Town Council, Mayor, Town Councilmen, Manager, Appointed Officials, any Town Department or subdivision, its employees, attorneys, servants, representatives, officers, agents, counters and successors and assigns harmless from the use of any facility or equipment caused by negligence recklessness, intentional misconduct, or any act or omission by myself.

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by _____.

(SEAL)

Signature of Notary