

# SIMSBURY'S SNOW PLOW RIDE-ALONG PROGRAM

## APPLICATION

### Contact Information:

Name: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

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

### Availability (check all times that apply):

#### Weekdays:

- Day Time 8:00 to 4:00  
 Early Evening 4:00 to 8:00  
 Evenings 8:00 to 12:00

Other times: \_\_\_\_\_

#### Weekends:

- Day Time 8:00 to 4:00  
 Early Evening 4:00 to 8:00  
 Evenings 8:00 to 12:00

Other times: \_\_\_\_\_

## WAIVER OF LIABILITY

Please read completely and carefully and sign and date at the bottom.

I, \_\_\_\_\_, know and understand the scope, nature, and extent of the risks involved in the Simsbury Snow Plow Ride-Along Program. I understand that these risks include risk of personal injury and/or death. I voluntarily and freely choose to incur such risks.

I acknowledge and agree to comply with the safety rules listed below and to follow the instructions of the driver.

#### Safety Rules:

- Seatbelts are to be worn at all times
- No touching of controls or equipment within the truck
- Do not distract the driver or impair his/her ability to operate the truck
- Use grab rails when entering and exiting the truck

Having been advised of and fully understanding the risks that I may be exposed to when participating in the Simsbury Snow Plow Ride Along Program I do hereby waive, on behalf of myself, my agents, heirs, successors and assigns, any and all causes of action, claims or demands for damages, injuries or death arising from my participation in the Simsbury Snow Plow Ride-Along Program and release the Town of Simsbury, its departments, officers, agents, servants, employees, officials, contractors, subcontractors, consultants, heirs and assigns from liability for Claims made by me or on my behalf.

I have read the foregoing and fully acknowledge, understand and agree with its contents.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return completed applications to the Director of Public Works, PO Box 495, Simsbury, CT 06070