



HO-CHUNK NATION HOUSING DEPARTMENT

2009 – 2010 SNOW REMOVAL RELEASE OF LIABILITY

Whereas: the Ho-Chunk Nation provides snow removal services for Elders and Non-Elders with medical needs, as described in the *Snow Removal Policies*.

- * The undersigned acknowledges that they were provided with a copy of the *Snow Removal Policies*, and

- * The undersigned acknowledges that they have read and understood the *Snow Removal Policies*, and

- * The undersigned acknowledges that it is their responsibility to inform the snow removal providers of any obstacles which may hinder the safe removal of snow and prevent property damage, and

- The undersigned acknowledges that the *Release of Liability Form* releases the Nation's employees and agents from all liability, and if the Release of Liability Form is not signed the Ho-Chunk Nation will **not** provide snow removal service, and

Furthermore, the undersigned hereby releases the Ho-Chunk Nation, employees and agents from all liability due to loss or damage to any person or property arising from or related to snow removal services provided by the Ho-Chunk Nation. Furthermore, the undersigned hereby acknowledges and agrees to comply with the Ho-Chunk Nation *Snow Removal Policies*, copy attached.

I, the undersigned property owner, or authorized resident, with authority to execute this contract, hereby agree to enter into a contract with the HCN Department of Housing for snow removal under the *Snow Removal Policies* set forth by the HCN Department of Housing, of which I have received a copy.

This contract will remain in force until April 30, 2010.

Please complete the following for better service.

Date: _____

Fire number of driveway _____

City _____

Name of road on which the driveway is located _____.

Home phone number: (____) _____

Cell phone number: (____) _____

Signature of Property Owner or Authorized Resident

Please print name

Mark this box should you have medical needs and provide the required documentation

Ho-Chunk Nation,
Department of Housing
P.O. Box 170
Tomah, WI 54660
Tel # (608) 374-1225 Fax# (608) 374-1233