CITY OF PORTAGE Permission to Cut/Remove Felled Trees Waiver of Liability Currie Road Brush Site – W9098 Currie Road

Return to: City of Portage - Public Works, 115 W. Pleasant St., Portage, WI 53901 Phone: 608-742-2176 *PRINT AND FILL OUT FORM COMPLETELY*

1. Requestor Information: ONLY NAMES LISTED WILL BE ALLOWED TO CUT/REMOVE FELLED TREES

Last Name:	First Name:		
Last Name:	First Name:		
Address:	City/State/Zip:		
Phone:	E-Mail Address:		
2. Date(s) Requested:			

	From:	То:
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3. Terms and Conditions:

I request permission to access location(s) listed above for the sole purpose of cutting and/or removal of felled trees. I understand that I shall not cut, remove or otherwise damage any and all standing trees, regardless of their condition. I understand that cutting and removal activities may only occur between the hours of <u>8:00 a.m. and 7:00 p.m.</u> I understand that I will not leave any refuse, garbage or other discarded material at the location(s) and neatly stack any brush or unwanted wood for collection by city personnel. Access by vehicle shall only be permitted if such access will not damage or leave ruts at the location requested. I understand this approval may be revoked, modified or suspended at any time by the City.

4. Release and waiver of liability (READ CAREFULLY):

I understand that cutting and carrying felled trees may involve risk of serious bodily injury, including disability or death, and loss or damage to my property. Despite the variety of risks that may be present, I hereby release and waive any liability claim against the City of Portage, its employees, and its agents, with respect to any and all claims for injury, disability, death, or loss or other damages based on negligence, related to my presence and participation in the cutting and removal of felled trees on City of Portage property. I understand that I may negotiate for a different waiver of liability terms. However, I hereby waive my right to negotiate for different waiver of liability terms. I have read this Release and Waiver of Liability and understand its terms. I know that I am giving up substantial rights by signing it, but I do sign it freely and voluntarily.

Participant Signature:	Date:
City of Portage Approval:	
Signature:	Date:
Name (Print):	Key:Date Ret: