



Storm Drain Marking Liability Waiver

Please have all participants complete and return this form to the City.

I, _____, hereby certify that I understand the City of Missouri City and its employees, agents, and anyone acting for the City of Missouri City shall not be held responsible or liable for any accident or injury (including damages resulting there from), or for the treatment of same, whether or not occurring by reason of its negligence or the negligence of doctors or physicians or other personnel treating said injury.

I understand and expressly recognize that the drain marking activity in or adjacent to the public rights-of-way is inherently dangerous due to the proximity of and risks associated with passing vehicles.

I acknowledge that I have been instructed in the proper use of the adhesive and drain markers.

I understand and expressly recognize that the City of Missouri City is not providing oversight or supervision in this drain marking project, other than supplying the adhesive markers and suggesting the area for drain marking, and that I will not be supervised by an employee of the City of Missouri City.

Date: _____

Signed: _____
(Participant)

Date: _____

Signed: _____
(Parent of Guardian if participant is under 18)

Telephone: _____

Address: _____

PLEASE RETURN THIS FORM WITH THE KIT TO THE CITY.

Thank you for Volunteering!!!