

## **OFFICE OF CONSTITUENT AFFAIRS**

Town of Narragansett, Rhode Island 2019 Neighborhood Tree Planting Program CONSENT AND WAIVER OF LIABILITY FORM

(Print name(s)), t	he undersigned, hereby agree to participate in t	he
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Tvarragansett, Knode Island (nere	imater the Property J.	
ogram funding provided by the To for a Program tree (i.e. shade tre	own of Narragansett, RI (hereinafter the "Town" e- Red oak, Tuliptree, or equal, etc.,) to be plan	).
ing any private contractor fine a	by the rown thereof.	
iny nature arising from my/our parselves or the Property, that arise gram tree on the Property after passe, discharge, indemnify and sav	articipation in the Program, including without from or are related to the Program, including walanted.  e harmless the said Town of Narragansett, its	rithout
, may hereinafter incur, suffer, or		
Signature	Date	_
Signature	Date	
Signature	Date	
f	ghborhood Tree Planting Program are the record owner(s) of that pour participation in the Program, ogram funding provided by the Tofor a Program tree (i.e. shade treeding any private contractor hired befor my Property, I/we hereby to a single nature arising from my/our parselves or the Property, that arise gram tree on the Property after passe, discharge, indemnify and save any and all liability, loss, damage, may hereinafter incur, suffer, or Program.  Signature  Signature	Signature Date  Signature Date

Mail Form to: RITree, PO BOX 6144, Providence, RI 02940-6144 or electronically send to <a href="mailto:ritree@ritree.org">ritree@ritree.org</a>.

Any questions call RITree at (401) 764-5885.