

City of Warwick, Rhode Island 2019 Neighborhood Tree Planting Program CONSENT AND WAIVER OF LIABILITY FORM

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

I/We,	(Print name(s)), the	(Print name(s)), the undersigned, hereby agree to participate in the		
City of Warwick 2019 Neig	hborhood Tree Planting Program (the	"Program") funded by the City of Warwick, RI	. I/We	
hereby attest that I/we are	the record owner(s) of that parcel of la	nd at the property address of		
	, in Warwick, Rhode Island (hereinaft	er "the Property").		
•		/we may receive a tree to be planted on my P		
•		ty of Warwick, RI (hereinafter the "City"). $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
furthermore grant consent	for a Program tree (i.e. shade tree- Rec	l oak, Tuliptree, or equal, etc.,) to be planted	on the	
Property by the City, includ	ing any private contractor hired by the	City thereof.		
In exchange for receiving a	tree for my Property, I/we hereby to a	ccept any and all risks involved and to waive a	ny and	
all claims or causes of action	n of any nature arising from my/our pa	rticipation in the Program, including without		
limitation, damage to myse	If/ourselves or the Property, that arise	from or are related to the Program, including	without	
limitation the impacts of the	e Program tree on the Property after p	anted.		
	•	harmless the said City of Warwick, its represe		
	,, , , , , , , , , , , , , , , , , , , ,	es and claims of whatever nature, which the Ci	ity of	
•	•	matter or thing in connection with my/our		
participation in the Progran	n.			
Owner(s):				
Print Name	Signature	 Date		
Print Name	Signature	Date		
Witness-In the presence of:	:			
Print Name	Signature	Date		

Mail Form to: RITree, PO BOX 6144, Providence, RI 02940-6144 or electronically send to ritree@ritree.org.